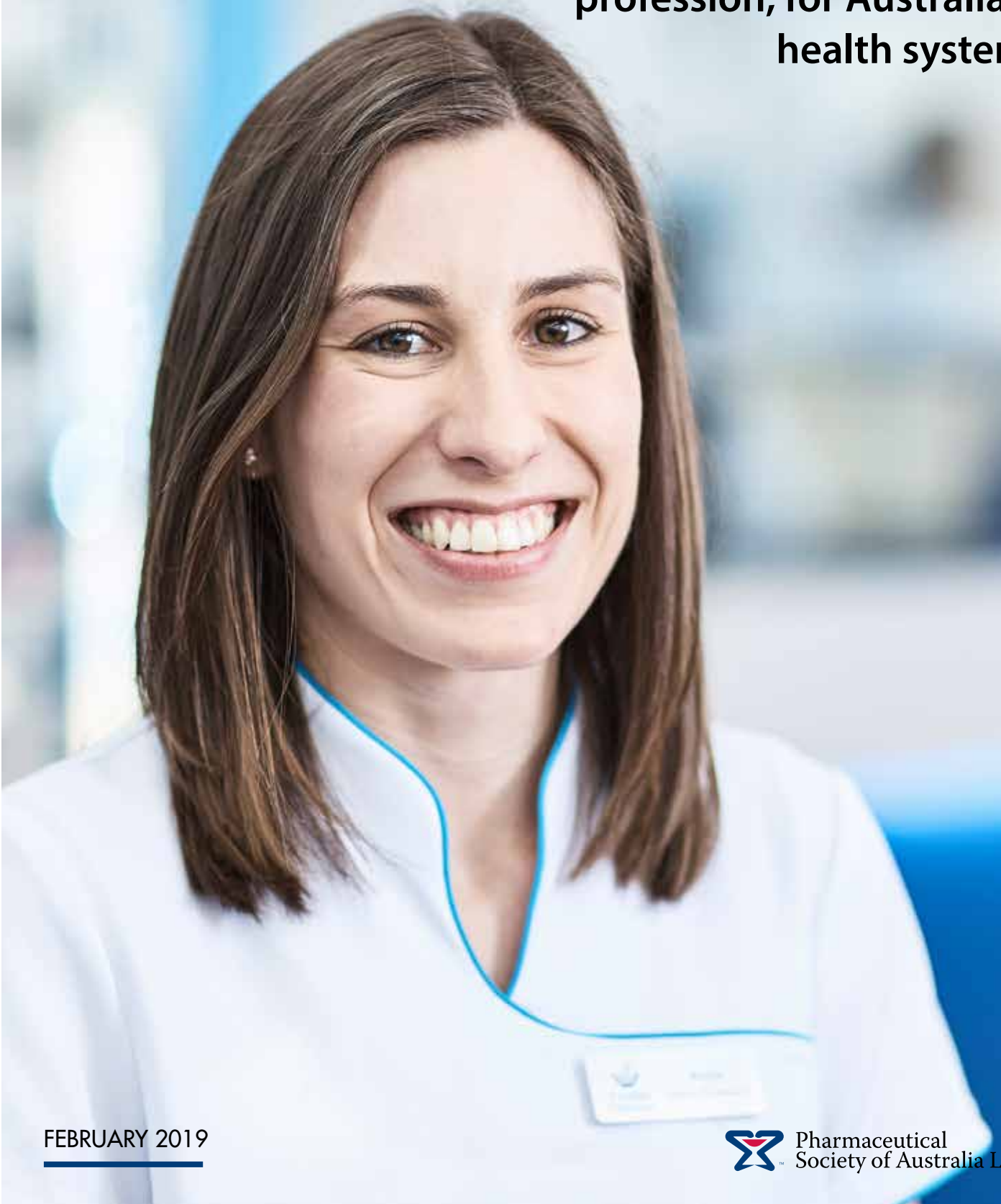



# PHARMACISTS IN 2023:

For patients, for our  
profession, for Australia's  
health system



FEBRUARY 2019

 Pharmaceutical  
Society of Australia Ltd.



**SUGGESTED CITATION**

Pharmaceutical Society of Australia 2019. *Pharmacists in 2023: For patients, for our profession, for Australia's health system*. Canberra: PSA.

PSA acknowledges the contribution of Dr Chris Freeman, Dr Shane Jackson, the PSA Policy and Advocacy Committee, Belinda Wood, Monika Boogs, Peter Guthrey and all the pharmacists, consumers and organisations who contributed in the preparation of this report.

This report was endorsed by the PSA Board January 2019.

Design & Layout: Mahlab

**© The Pharmaceutical Society of Australia Ltd., 2019**

The material in this report has been provided by the Pharmaceutical Society of Australia (PSA). PSA owns the copyright in the report as a whole and all material in the report that has been developed by PSA. In relation to PSA owned material, no part may be reproduced by any

process except in accordance with the provisions of the Copyright Act 1968 (Cth), or the written permission of the PSA. Requests and inquiries regarding permission to use PSA material should be addressed to: Pharmaceutical Society of Australia, PO Box 42, Deakin West ACT 2600.

# CONTENTS

<b>Foreword</b>	4
<b>Introduction</b>	7
<b>Pharmacists Today, Pharmacists in 2023</b>	16
<b>Action 1:</b> Medicine Safety	20
<b>Action 2:</b> Community Pharmacy	25
<b>Action 3:</b> Care Teams	28
<b>Action 4:</b> Prescribing	34
<b>Action 5:</b> Transitions of Care	36
<b>Action 6:</b> Health Hubs	40
<b>Action 7:</b> Workforce Development	43
<b>Action 8:</b> Remuneration and Funding	46
<b>Action 9:</b> Rural and Remote	49
<b>Action 10:</b> Research	52
<b>Action 11:</b> Digital Transformation	56
<b>Enablers</b>	58
<b>The Actions at a Glance</b>	60
<b>References</b>	62

# FOREWORD

**I am pleased to introduce *Pharmacists in 2023: For patients, for our profession, for Australia's health system* and the key actions that need to be enabled to unlock the opportunity for pharmacists by 2023. This plan will see the role of pharmacists optimised as healthcare professionals and embed them as principal partners in the Quality Use of Medicines (QUM) in Australia.**

The *Pharmacists in 2023* report sets the scene for healthcare evolution that provides better access to care, safety and quality improvements in the use of medicines and better use of pharmacists to provide more effective and efficient healthcare services, with improved outcomes for consumers. It is about integrating pharmacists into teams within healthcare settings, so they can fulfil a much-needed societal role as the stewards of QUM.

Rather than gazing into a crystal ball and writing a future vision document, the actions described in *Pharmacists in 2023* are tangible, practical and achievable. PSA is firmly committed to ensuring that pharmacists achieve scope-of-practice fulfilment in order to improve healthcare delivery and safety, that they are recognised for their key role in healthcare, and that their remuneration appropriately reflects their skills, training and expertise. All of the actions in *Pharmacists in 2023* are directed at achieving this objective.

We must build upon the accessibility of pharmacists and their core role in the dispensing of medicines. The profession must be empowered to do more than the current system enables pharmacists to do. That means harnessing the expansive expertise, skills and training of pharmacists as medicine experts. By empowering the pharmacy profession now and in the future, we can truly emphasise the 'quality' in QUM.

The *Pharmacists in 2023* report sets an agenda for pharmacist roles, now and in the future. It

**Dr Chris Freeman, PSA National President**

identifies the system changes that need to occur for pharmacists to have greater responsibility and accountability for medicine safety, and is focused on change in our health system to better utilise pharmacists, wherever they may be working, to deliver better health for all Australians.

The PSA wants to ensure the pharmacy profession meets community health needs while focusing on ensuring pharmacists are utilised to their full scope of practice, that they are supported to develop as practitioners within a team of health professionals and that there is a quality framework supporting service delivery by pharmacists.

As much as this report is for the pharmacy profession, it is equally for patients, those individuals to which the pharmacy profession is responsible, and for other health professionals. The report is about providing accessible, timely, safe, equitable, efficient and effective healthcare. Our goal is to ensure any Australian, no matter where they live, can receive appropriate support and care from a pharmacist, and that pharmacists are able to address the healthcare needs of that individual within the scope of pharmacists' training and expertise.

There are issues with medicines safety worldwide and the WHO's Medication Without Harm global safety challenge aims to reduce severe avoidable medication-related harm globally by 50% in the next 5 years.<sup>1</sup> Here in Australia, we now know that at least 250,000 people are admitted to hospital each year as a result of medication-related problems, at a cost of \$1.4 billion per annum.<sup>2</sup>

We know that Australia has a world-class healthcare system, but we have the opportunity for improvement in areas such as access to care, patient safety, reducing variability in care delivery, making better use of the health workforce and building flexible multidisciplinary teams. Not every Australian is fortunate enough to be treated in an environment that delivers a world-class health outcome.

People in rural Australia, people at higher levels of socioeconomic disadvantage and those with poor health literacy have poorer outcomes than their peers. The overwhelming tsunami of chronic disease and significant associated costs means

that we must look at better, more innovative and cost-effective ways of delivering care. *Pharmacists in 2023* provides the roadmap for better utilisation of the pharmacy profession to address the burgeoning healthcare demands of the immediate and long-term future.

Everyone, including patients and health care professionals, has a role to play in ensuring medicine safety; PSA presents *Pharmacists in 2023* as the pharmacy professions' response to this national medicine safety problem.

This report is the result of two years of consultation and I thank those individuals and organisations who have contributed to stakeholder forums and consultations, including the *Pharmacists in 2023 Discussion Paper*. My thanks also to Dr Shane Jackson, immediate past National President of PSA, for his leadership during this time and launching the *Pharmacists in 2023 Discussion Paper*.

I now look forward to working with the leaders of the pharmacy profession, other healthcare groups, consumers and government in progressing the role of pharmacists in 2023 – for patients, for our profession and for Australia's health system.



**Dr Chris Freeman, PSA National President**





# INTRODUCTION

**Medicines are the most common medical intervention in health care.<sup>2</sup> The safe and appropriate use of medicines transforms people's health, whether through curing infectious and other diseases, reducing likelihood of heart attacks or strokes, providing temporary relief from debilitating pain or numerous other positive impacts.**

The Australian health system is widely regarded as being world class, characterised by effectiveness, efficiency and universality. As the global healthcare environment evolves, so must the Australian health system. The rapid pace of change has resulted in major health system reform that is likely to continue over the coming years to improve patient access, enhance primary care, capitalise on technological advances, ensure a future-ready workforce and deliver cost-effective health outcomes.

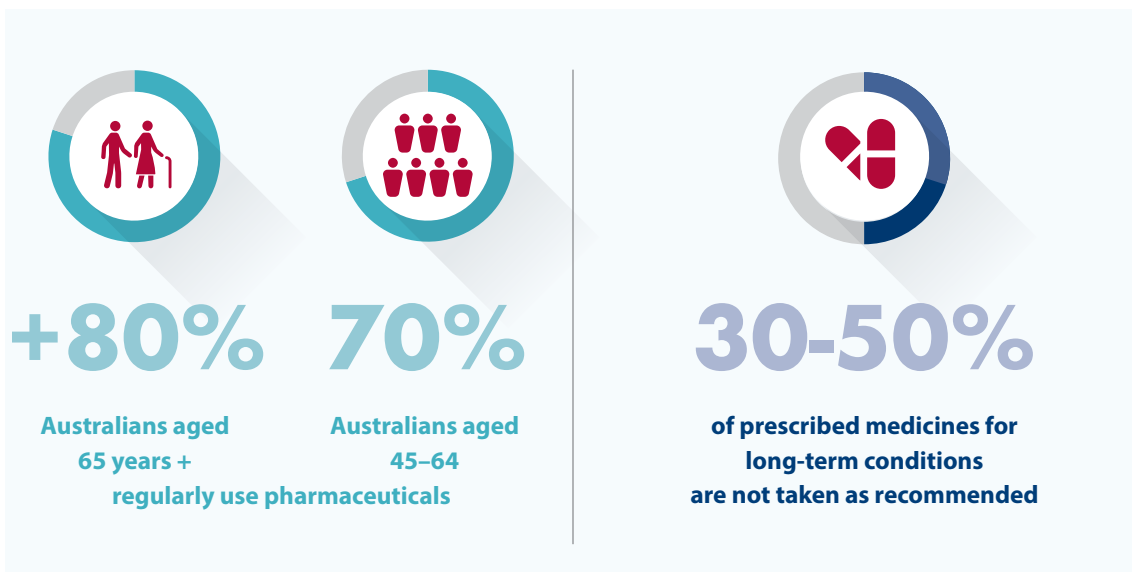
Drug utilisation data indicates prescription medicine use in Australia is steadily increasing.<sup>3</sup> Over 80% of Australians aged 65 years and over, and 70% of Australians aged 45-64 regularly use pharmaceuticals, with these proportions expected to further increase.<sup>4</sup> However, 30-50% of prescribed medicines for long term conditions are not taken as recommended.<sup>5</sup> The Federal Government spends more than \$11 billion

250,000 hospital admissions annually are a result of medication-related problems. The annual costs for Australia are \$1.4 billion.

on medicines every year.<sup>6</sup> By comparison, very little is spent on medicine safety and not enough focus is placed on reducing the occurrence and severity of medicine errors.

Pharmacists are experts in medicines, with a primary responsibility at all times to see that medicines are used safely, effectively and judiciously. This includes the custody, preparation, dispensing and provision of medicines, together with systems and information to assure quality of use.<sup>7</sup> These responsibilities are completely aligned with the principles for quality use of medicines (QUM) outlined in Australia's National Medicines Policy (NMP).<sup>8</sup>

The National Medicines Policy aims to improve positive health outcomes for all Australians through their access to and quality use of medicines. A key pillar of the policy, QUM can sometimes be expressed as a throwaway line but is central to pharmacists' role.





Attention to medicines safety is urgently needed in the Australian healthcare system and pharmacists must lead this change.

The PSA's *Medicines Safety: Take Care* report<sup>2</sup> revealed that 250,000 people are admitted to hospital each year as a result of medicine-related problems, and that Australia is missing out on the opportunity to maximise the safe, effective and optimal use of medicines to improve health outcomes. Attention to medicines safety is urgently needed in the Australian healthcare system and pharmacists must lead this culture change of embedding medicines safety at every point of healthcare delivery.

***Pharmacists in 2023: For patients, for our profession, for Australia's health system seeks to identify and unlock opportunities that realise the full potential of pharmacist practice as part of the healthcare team to address the health needs of all Australians. It aims to empower the pharmacy profession to improve healthcare by optimising the role of pharmacists as healthcare professionals and as leaders in QUM.***

In preparing these actions, PSA undertook an extensive program of consultation over the past two years with a wide range of pharmacy, consumer and health stakeholders. This included the *Early Career Pharmacist White Paper*,<sup>9</sup> workshops with pharmacists at State Pharmacist Future Forums, partnering with Consumers Health Forum to attain insight into consumer perceptions of pharmacist roles and, most recently, public consultation on our *Pharmacists in 2023 Discussion Paper*.



**Key insights from this program of consultation included:**

- Strong support for embedding pharmacists in teams wherever medicines are used, including pharmacists working within general practices, residential care facilities and Aboriginal health services.
- Unanimous support to build on the vital role Australian pharmacists play through medicine supply via the network of community pharmacies.
- Strong support for the professional role of pharmacists, particularly in medicine safety, optimising medicine use and evidence-based case-finding (screening and risk assessment) activities. Consumer submissions most strongly supported services which were directly linked to pharmacists' medicine expertise such as enhancing consumer health literacy, medicine safety and health professional support.
- Support for expanded pharmacist-led vaccination services supporting greater herd immunity of the Australian population against infectious diseases and protecting the health of people travelling overseas.
- Need for further work to be undertaken to identify Australia's current and future unmet health needs to help plan and shape the role and practice environments of pharmacists in the future.
- General support for pharmacists demonstrating the value of their care through quality improvement indicators and health outcome measures, with many commenting that this should be linked to remuneration to facilitate highest-quality practice.
- Strong support for increasing remuneration of pharmacists, reflecting their critical contribution in providing care to Australians.
- Strong and clear desire for pharmacy services to be remunerated through a consultation fee primarily based on the time and complexity of the consultation. The Medicare Benefits Schedule provides

the most appropriate current model for both funding source and service model based on time and complexity.

- The viability of community pharmacy businesses was identified by respondents as fundamental to fair remuneration for pharmacy owners and employees.
- Support for pharmacist prescribing and recognition of pharmacist specialisation, provided there was an appropriate workforce strategy to support uptake into these roles.

The feedback from this consultation has been considered against international evidence, Australia's health needs and PSA's strategic intent of empowering the pharmacy profession through:

- Embedding pharmacists wherever medicines are used
- Equipping pharmacists to enhance community access to health services
- Enabling pharmacists to be recognised and appropriately remunerated.

This report is a roadmap for system changes that are achievable by 2023 and will unlock the potential of pharmacists in contributing more to improve the health of all Australians, particularly when and where medicines are used.



**Pharmacists in 2023 goes beyond simply outlining pharmacy services that could be funded, but seeks to uncover the barriers and identify the system changes required to better utilise the expertise of pharmacists in delivering health outcomes.**

This is a plan to support all pharmacists in reaching their full potential. While some actions are setting-specific, the actions are intended collectively to support all pharmacists in delivering more to the Australians they serve in their professional role.

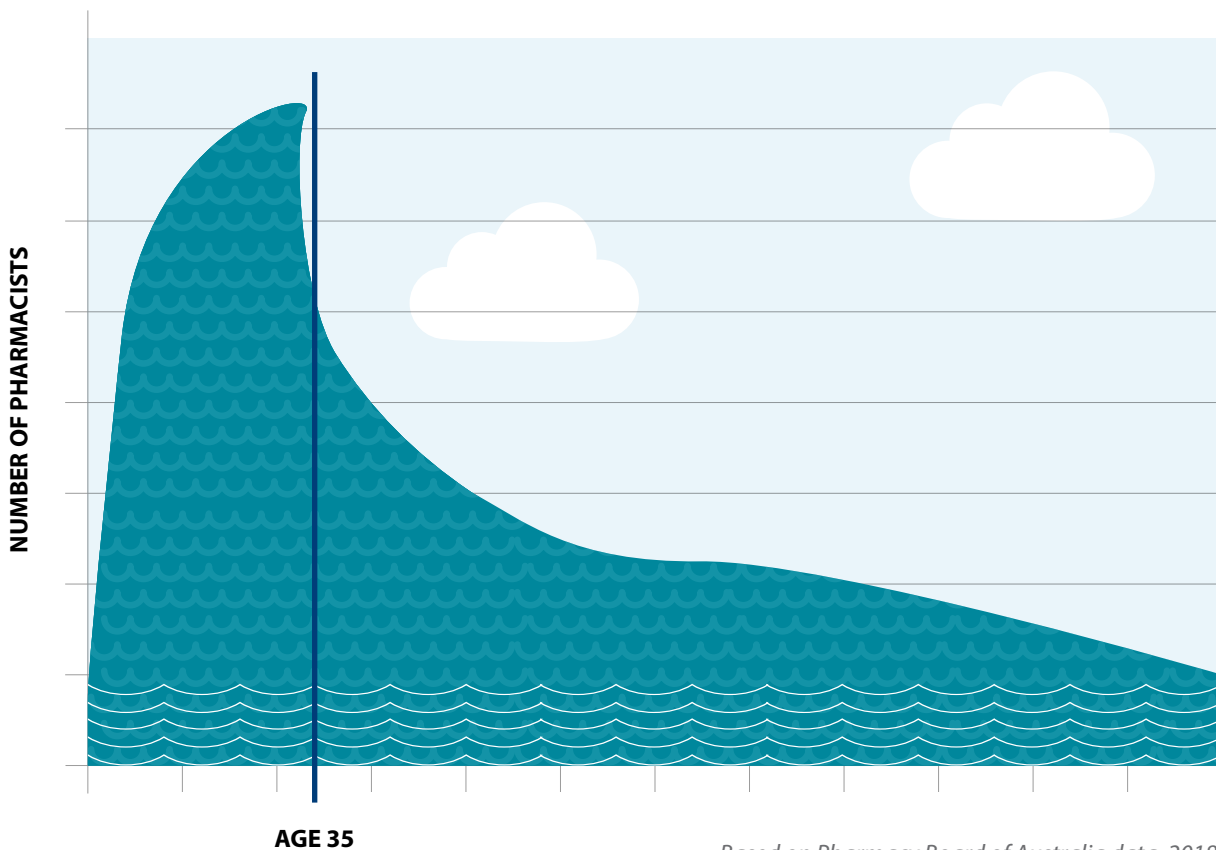
This plan recognises the core role of safe dispensing and associated counselling will likely remain a primary activity in 2023. It also recognises that in 2023, the majority of pharmacists will be primarily practising within community pharmacies. However, in leading up to 2023, there must be a shift in the ratio of activities conducted by a pharmacist, towards those that have a greater impact on the safe and effective use of medicines after dispensing has occurred, with a commensurate decrease in time allocated to the supply of medicine.

PSA believes the expertise of pharmacists as the only health professionals trained with a specific focus on the optimal and safe use of medicines should be better utilised, better recognised, and enabled through remuneration of evidence-based services and models of care.

However, the ability for Australians to access and utilise the clinical expertise of pharmacists is increasingly affected by funding mechanisms that dictate practice, inconsistent access to services and/or services confining care to defined practice settings, and a lack of recognition of current training and the roles that pharmacists can and should make to health care.

Australia has a large and growing pharmacist workforce that is highly trained, with a much younger age-profile than most other health professions, with great potential to contribute to emerging and innovative models of care. As such, it is vital that we consider how to utilise Australia’s pharmacist workforce to best meet Australia’s health system challenges now and in the future.

**Age characteristics of the pharmacy workforce**



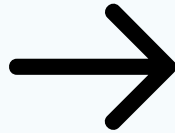
*Based on Pharmacy Board of Australia data, 2018.*

Published studies and the wide consultation for this action plan has allowed consumers to express how they value the role of the community pharmacist and want greater access and more time to seek their advice.<sup>10,11</sup> However, they note variability in the extent and quality of care provided by pharmacists, and struggle to identify where specific areas of specialty expertise exist.<sup>11,12</sup> The role and expertise of consultant and hospital pharmacists is somewhat

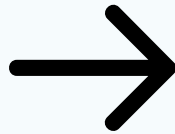
more recognised but greater integration and communication with pharmacists in primary care settings is needed.<sup>11</sup>

The *CSIRO Future of Health Report* published in 2018 provides a frame for future investment in healthcare over the next 15 years.<sup>13</sup> This report provides a vision for shifting from a focus around illness treatment to one of health and wellbeing management and noted the healthcare shifts below.

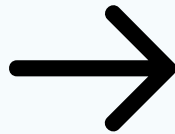
**The health system will shift...**



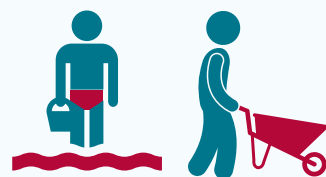
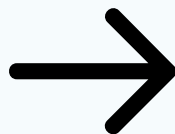
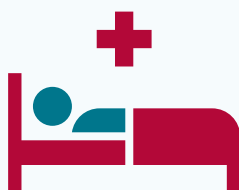
**From treating patient illness to managing consumer health and wellbeing**



**From accepting one-size-fits-all to precision health solutions**



**From a reactive system to a holistic and predictive approach**



**From extending life to improving quality of life over a lifetime**

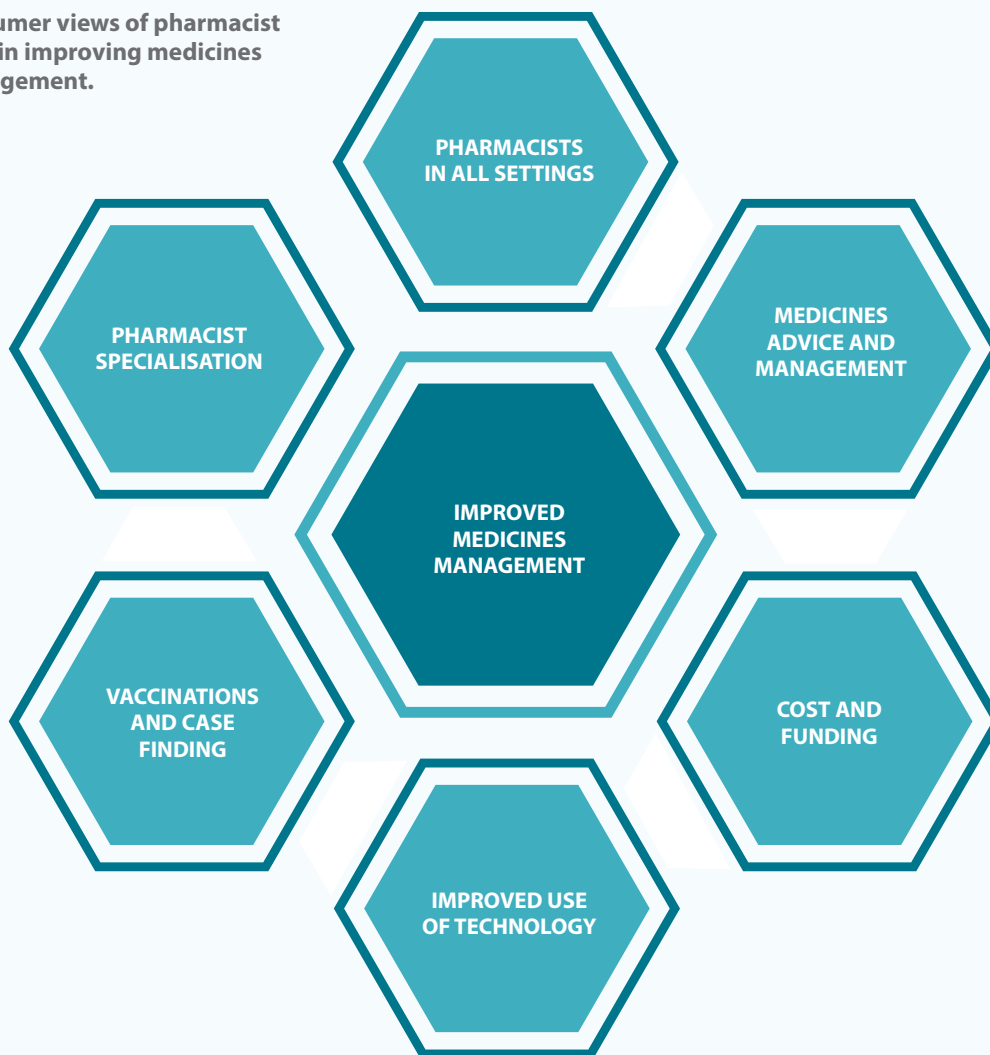
*Reference: CSIRO Future of Health Report*

Pharmacists play a leading role in QUM; however, to achieve better health outcomes and a more efficient health system, pharmacist practice in 2023 will require greater consumer-centred and collaborative approaches to care. Incorporating principles of clinical governance will help provide greater transparency, and will support greater utilisation and recognition of the contribution that pharmacists in all practice settings make to the health care of Australians. How pharmacists are utilised to improve the design, delivery and outcomes of our healthcare system will have a large impact on whether the

Australian healthcare system improves or whether it declines in the quality of outcomes it delivers.

In 2017, PSA commissioned the Consumers Health Forum to conduct a consultation forum with consumer advocates and a population-based survey of Australian consumers. Consumers clearly said they wanted pharmacists to focus more on helping them manage their medicines. Consumers reported that this central outcome of improved medicines management must be supported by six enablers as outlined in the figure below.

**Consumer views of pharmacist roles in improving medicines management.**



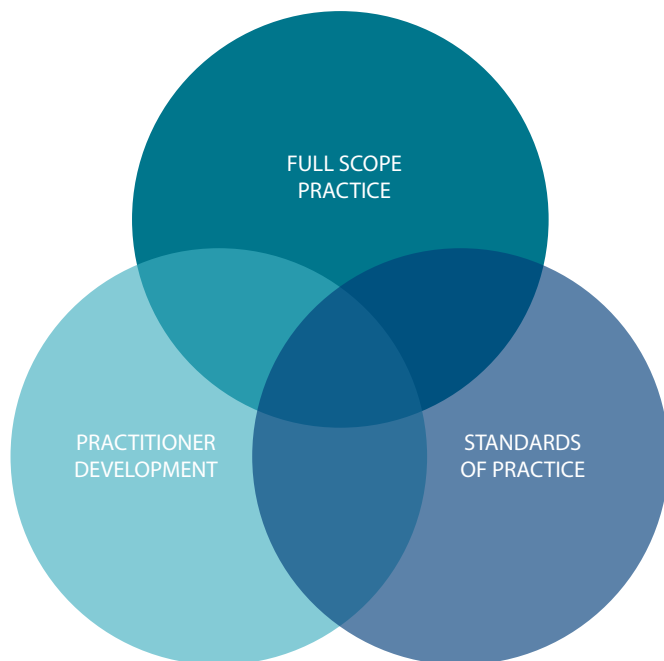
*Reference: Consumer Health Forum*
















This circular representation of consumers, pharmacists, and the health system is the basis upon which the actions in this plan are framed. Pharmacists in 2023 therefore represents a three-way benefit – for patients, for our profession, and Australia’s health system.

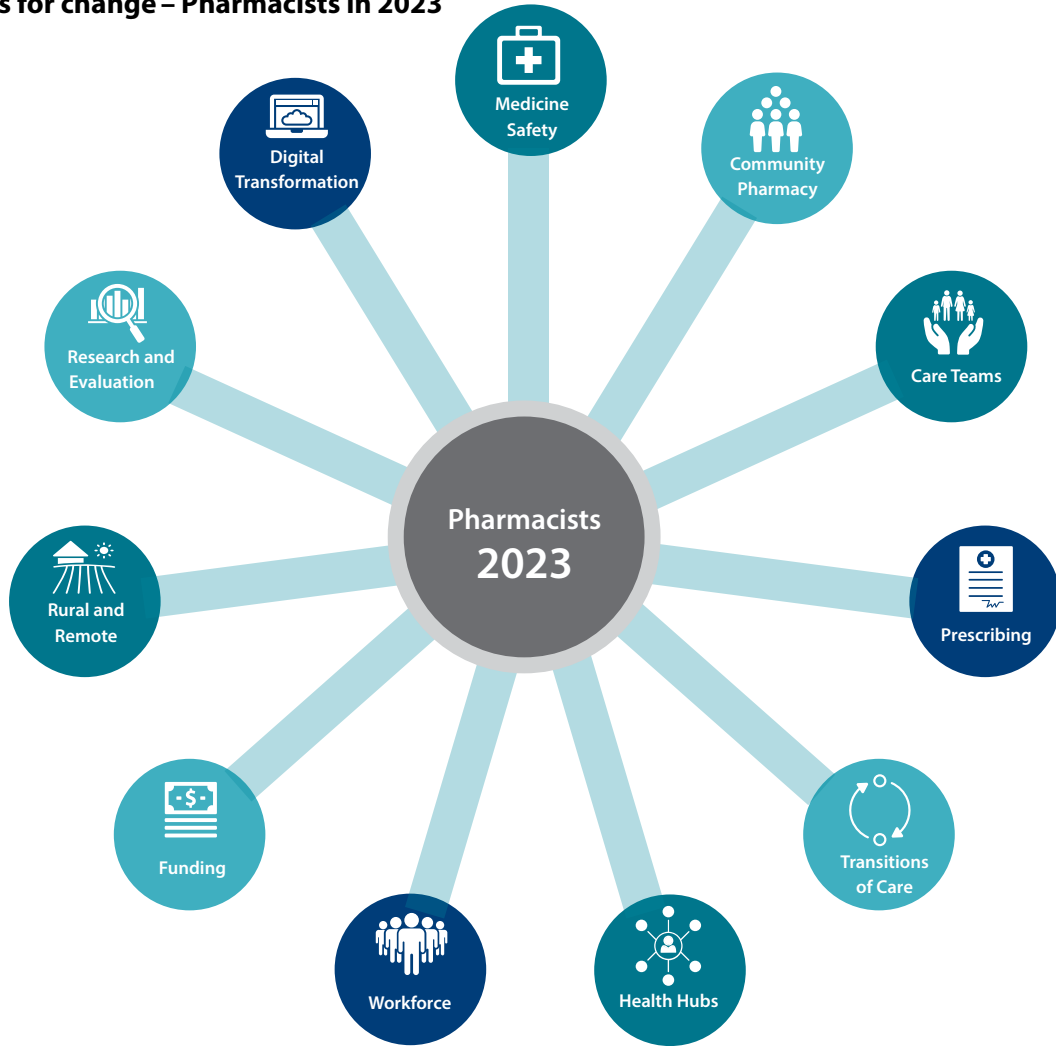
PSA has a vision to ensure the pharmacy profession meets community health needs while focusing on ensuring that pharmacists are utilised to their **full scope of practice**, that they are supported to **develop as practitioners** and that we have a **quality framework** for service delivery by pharmacists as outlined right.



**For pharmacists in 2023 to address the health needs of all Australians, we have identified 11 actions for change:**

	<p><b>01. Empower and expect all pharmacists to be more responsible and accountable for medicine safety.</b></p>
	<p><b>02. Enhance the role of community pharmacists to have a greater level of responsibility and accountability for medicines management.</b></p>
	<p><b>03. Embed pharmacists within healthcare teams to improve decision making for the safe and appropriate use of medicines.</b></p>
	<p><b>04. Facilitate pharmacist prescribing within a collaborative care model.</b></p>
	<p><b>05. Improve pharmacist stewardship of medicine management to improve outcomes at transitions of care.</b></p>
	<p><b>06. Utilise and build upon the accessibility of community pharmacies in primary care to improve consumer access to health services.</b></p>
	<p><b>07. Equip the pharmacist workforce, through practitioner development, to address Australia's existing and emerging health challenges.</b></p>
	<p><b>08. Establish additional funding models and facilitate access to existing funding models to recognise the value and quality of pharmacist care.</b></p>
	<p><b>09. Allow greater flexibility in funding and delivery of pharmacist care to innovate and adapt to the unique patient needs in all areas, with a specific focus on regional, rural and remote areas.</b></p>
	<p><b>10. Develop and maintain a research culture across the pharmacist profession to ensure a robust evidence base for existing and future pharmacist programs.</b></p>
	<p><b>11. Embrace digital transformation to improve the quality use of medicines; support the delivery of safe, effective, and efficient healthcare; and facilitate collaborative models of care.</b></p>

## 11 Actions for change – Pharmacists in 2023



While our consultation has uncovered more areas for action, PSA considers the actions outlined in this document as priorities and reasonably achievable by 2023. It should be noted that PSA's vision in this area has been taken up by other stakeholders, with

similar reform and plans affecting pharmacists, such as the Pharmacy Guild of Australia's *CP2025* report, arising independently in the same environment of professional recognition and growth.<sup>14</sup>

**Achieving these actions will require the removal of barriers currently impeding change, along with support for the five identified enablers of change:**



# PHARMACISTS TODAY, PHARMACISTS IN 2023

## Pharmacists today

The majority of today's pharmacists can be found practicing in community and hospital practice settings. In these settings, one of the core roles of the pharmacist is dispensing medicines. This role couples clinical review of prescription and labelling with professional activities such as medicine counselling to ensure a medicine is used safely and effectively.<sup>15</sup> This vital clinical role when supplying medicines exhibits medicine safety as pharmacists' strongest tenet. Medicine safety is in the DNA of pharmacists and extends deeply into all professional activities.

Community pharmacies can be found in most cities, towns and suburbs, and people can usually speak directly and freely to a pharmacist without an appointment. This is why community pharmacists are considered the most accessible point of contact with the healthcare system.<sup>16</sup> Community pharmacists are key in the delivery of primary healthcare because of their location, infrastructure, accessibility and expertise. They play a vital role in the provision of care, monitoring and advising on the

use of medicines, health promotion, and providing individualised advice and management of health concerns.<sup>17</sup>

Pharmacists assess, triage, and refer individuals whose needs require intervention by medical or allied health professionals. The practice of triaging, screening, assessment, and management or referral is a key element of pharmacist training and competency, but is often overlooked by those outside of the profession.<sup>7</sup>

Pharmacists are acutely aware of the health needs within their community. However, regulatory, funding and practice barriers often prevent provision of models of care that could address many of these

Medicine safety is in the DNA of pharmacists and extends deeply into all professional activities.

needs. Compared to other comparable countries such as the United Kingdom, Canada and New Zealand, pharmacists in Australia are limited by regulatory and funding barriers in their ability to address the healthcare needs of their communities.

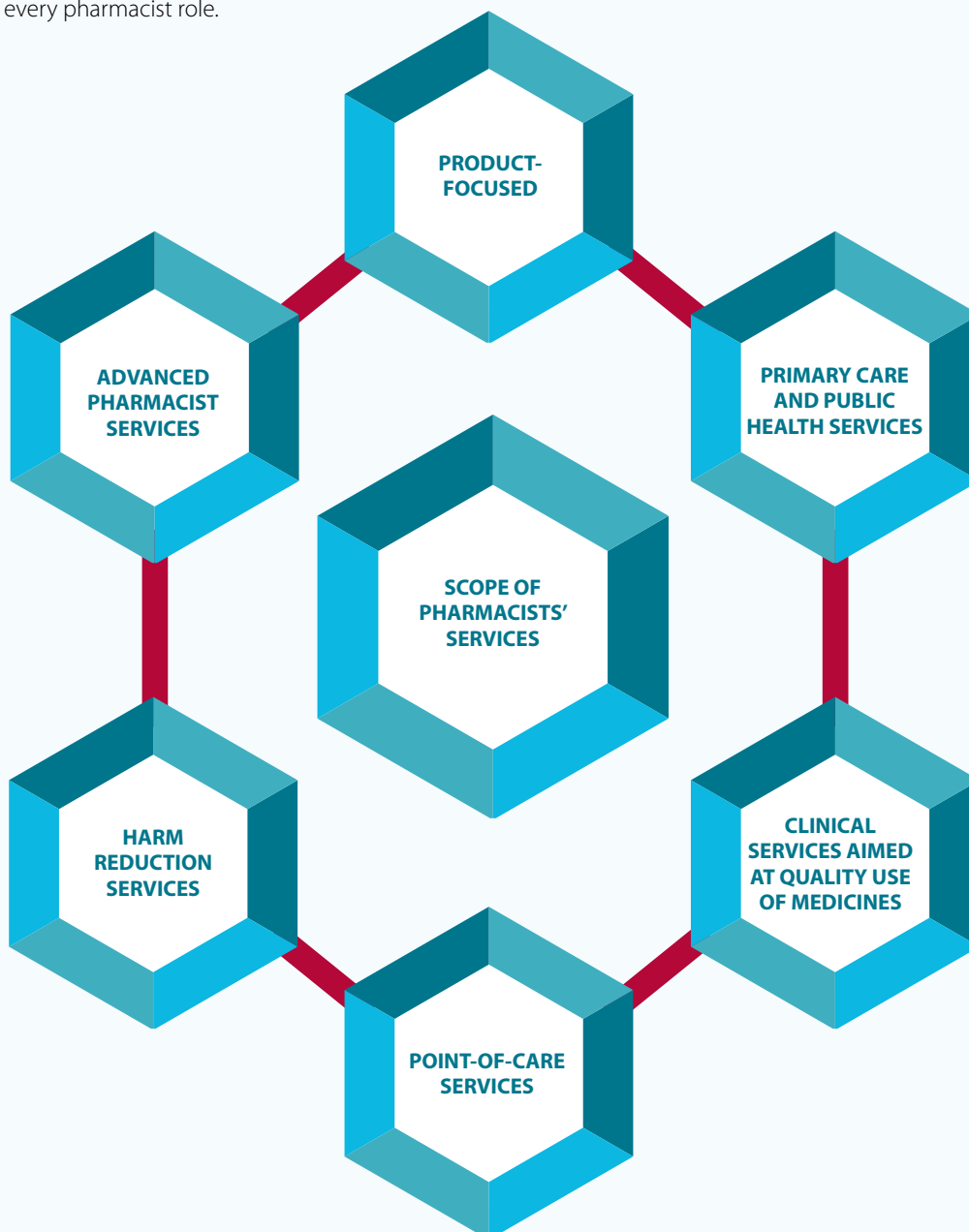
Beyond community pharmacy, hospital pharmacists work within care teams to promote safe prescribing, safe administration of medicines and share their expertise with patients and health professionals to better ensure effective medicines use. All pharmacists, but particularly those in multidisciplinary clinical settings such as hospitals, contribute to care through advising prescribers, patients and the wider care team on medicine management, medicine safety and the rational use of medicines in a cost-effective manner.



In other environments, consultant pharmacists undertake medicine reviews for residential care residents and in people's homes. Pharmacists are beginning to be found in less traditional clinical practice settings, such as general practices and aged care facilities. Pharmacists are also located in a wide range of non-clinical (or non-patient-facing) roles such as research and academia, pharmaceutical sciences, government and medicines regulation, health technology and informatics, the pharmaceutical industry and health publishing. In all of these settings, increasing the therapeutic benefits of medicines while limiting and reducing their harm drives every pharmacist role.

In 2017, the International Pharmaceutical Federation (FIP) reviewed the scope of pharmacists' activities in 74 countries.<sup>18</sup> For community pharmacy, such activities and services can be clustered into six groups as outlined below.

Australia is lagging behind other countries with regards to professional activities in the areas of pharmacist prescribing, as well as the range of vaccinations that can be initiated by a pharmacist. Australia is also lagging behind other countries such as the United Kingdom, Canada and New Zealand in minor illness management and the integration of pharmacists into collaborative care teams.



## Pharmacists in 2023

In 2023, the core role of the pharmacist is unlikely to change substantially, with the majority of pharmacist care being delivered in community pharmacy. However, PSA believes that by unlocking opportunities, including practice settings, to realise the full potential of pharmacists, in 2023 pharmacists will play a greater role in patient care and addressing the health needs of all Australians.

In 2023, pharmacists will be recognised as the custodians of medicines safety, using their medicines expertise to support the safety of patients with an increasingly complex range of comorbidities. Pharmacists utilising technology and precision medicines solutions will support doctors and patients in therapeutic decision making after a diagnosis has occurred.

In 2023, pharmacists will be supported in providing care focused on quality and patient outcomes, demonstrating the patient impact of their professional input.

In 2023, pharmacists will have greater accountability and responsibility for the appropriate and judicious use of medicines. This will be achieved as medical and allied health colleagues in collaborative models of care recognise the expertise and authority of pharmacists in their role of medicines stewardship. Pharmacists will deliver on this responsibility and accountability in collaboration with a patient's healthcare team to maximise the benefits received from their medicines.

Pharmacists can achieve this by 2023 through being embedded wherever medicines are used – including within primary care teams, residential care and other settings where medicines are prescribed, supplied and administered to Australians.

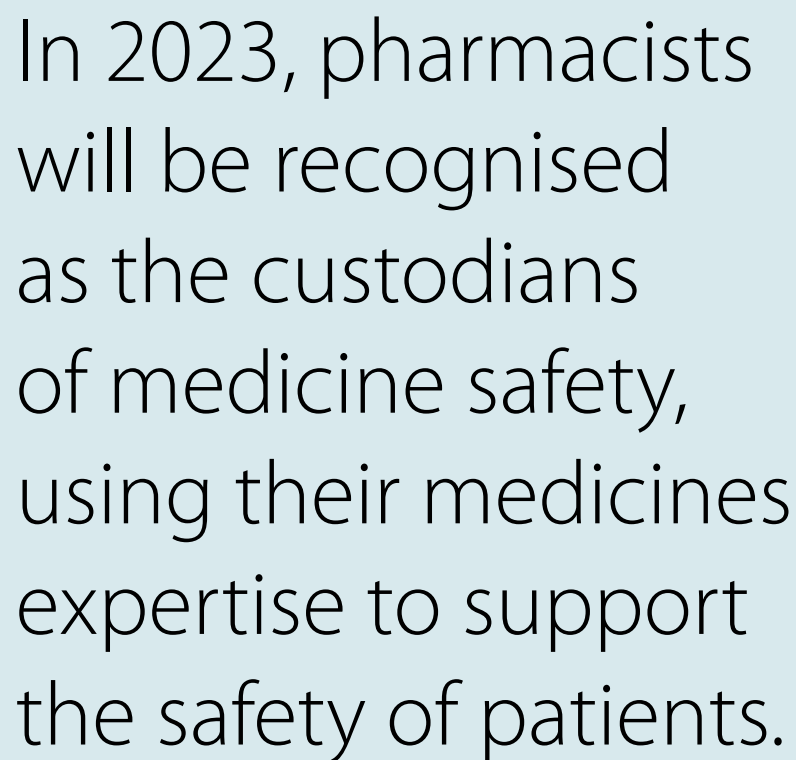
When the system changes identified in this action plan are operationalised, pharmacists will fulfil a central role in QUM.

In 2023, there will be an improved evidence base of the benefit of pharmacy-related activities, and a research and evaluation culture will be embedded within the profession.

With a focus on supporting consumer health and wellbeing, community pharmacies will differentiate. Some will cement their role as primary healthcare locations for which patients can access a broad range of primary healthcare services, while others will offer predominantly a medicine-dispensing-focused service.

When the system changes identified in this action plan are operationalised, pharmacists will fulfil a central role in QUM.

PSA is firmly committed to ensuring that in 2023, pharmacists are able to practice to full scope, and that they are recognised and appropriately remunerated to reflect their skills, training and expertise, as well as the value and quality of their patient care.



In 2023, pharmacists will be recognised as the custodians of medicine safety, using their medicines expertise to support the safety of patients.

# ACTION 1:

## EMPOWER AND EXPECT ALL PHARMACISTS TO BE MORE RESPONSIBLE AND ACCOUNTABLE FOR MEDICINE SAFETY

**There are 250,000 medicines-related hospital admissions in Australia each year costing the health system \$1.4 billion and data shows that half of these are preventable.<sup>2</sup> As medicines experts, there is an urgent need for pharmacists to be empowered to lead interventions that prevent as many of these hospital admissions and adverse effects as possible. If medicines safety was a chronic disease, then it would be a national health priority area.**

Medicine errors occur when suboptimal medicine systems and/or human factors such as fatigue, poor environmental conditions or staff shortages affect prescribing, transcribing, dispensing, administration

and monitoring practices, which can then result in severe harm, disability and even death.

Pharmacists perform a vital safeguard against errors in prescribing that may cause medicine-related harm to consumers. Empowering and supporting pharmacists to be the stewards of medicine safety will help reduce the harm which results from misuse, overuse and underuse of medicines.

Responsibility and accountability for medicines safety means all pharmacists must be empowered to support safe prescribing, facilitated to review patient safety when dispensing medicines and be more active in talking with consumers about using their medicines wisely.

### WHY EMPOWER PHARMACISTS TO TACKLE MEDICATION-RELATED HOSPITAL ADMISSIONS



250,000 hospital admissions annually are a result of medication-related problems.



The annual cost is \$1.4 billion.



400,000 additional presentations to emergency departments are likely to be due to medication-related problems.



50% of this harm is preventable.





## Benefits of empowering and expecting all pharmacists to be more responsible and accountable for medicine safety:

### For patients



- More patient-centric pharmacist care.
- Pharmacists are more engaged in supporting the safe and effective use of medicines. This provides patients with confidence in taking the right amount of the right medicines at the right time.
- More targeted care, personalised to the specific needs of the patient.
- Reduced risk of medicine interactions, with increased assurance that prescribed and over-the-counter medicines used concurrently are safe in combination.
- Less likelihood of unplanned returns to hospital due to medicine-related problems after being discharged following a surgical or medical admission.
- Greater awareness and understanding of current medicines.

### For pharmacists



- Recognition for the safety-oriented interventions pharmacists make.
- Delivering on stewardship for medicine safety and supporting professional satisfaction.
- Increased confidence to intervene and resolve medicine-related problems to protect consumer safety.
- Acknowledgement of the contribution pharmacists make to care through their medicine-safeguarding role.
- Increased transparency (including evidence base) of pharmacists' role and activities in identifying, managing and preventing medicine-related problems/harms.
- Professional satisfaction through consistently applying medicine expertise in patient care.
- Support management and prioritisation of patients with higher risk of medicine-related problems.

### For Australia's health system



- Significant cost savings to health system through reducing avoidable hospital admissions due to medicine-related problems.
- Improved clinical handover, leading to reduced misadventure during transitions of care.
- Access to data describing areas for targeted quality improvement activities regarding medicine use [intelligence from a central system].
- Improved communication and coordination of care across practice settings.
- Support for more equitable provision of health care, with pharmacists able to prioritise interventions based on clinical need and clinical risk.
- Continuous system improvement through the identification and management of system-level contributors to medicine-related problems.
- Stronger quality of data to monitor medication-related harm to support strategy development, to monitor, evaluate and improve activities that aim to improve the safe and effective use of medicines.
- Optimisation of the pharmacy workforce to improve health outcomes.
- Reduction in health system cost burden due to adverse medicine events.
- Improved collaboration between pharmacists, medical practitioners and other health professionals through inclusion of pharmacists as medicine stewards across the healthcare system.

---

To make a significant contribution in reducing the number of medicine related admissions, we have identified four system changes required to achieve the action by 2023:

1

**Recognition of this issue as a National Health Priority Area, empowering pharmacists to proactively identify and resolve medicines-related problems in healthcare**

---

Pharmacists will be empowered to be responsible and accountable for medicines safety through recognition of medicines safety as a National Health Priority. This should also be accompanied by a review of the National Medicines Policy and a renewed focus on quality use of medicines across the health system.

2

**Practice changes that focus pharmacist activities on preventing medicine misadventure, particularly at transitions of care**

---

All pharmacists will focus on preventing medicine misadventure through practice changes in all settings. Importantly, pharmacists will increasingly provide consumers with medicines information, education, and support improvements in consumer health literacy. To support these functions, pharmacists will be embedded in medicine reconciliation roles at transitions of care, such as in emergency departments, admissions clinics, and at discharge from hospital care. Community pharmacists will be supported to actively participate in clinical handover at admission and at discharge from hospital.

3

**Workplace reform to enhance and measure the medicine safety contribution of individual pharmacists in all practice settings**

---

This requires a review of clinical coding and/or documentation classification systems to better identify the significance of a pharmacist's clinical intervention in supporting medicine safety, and attributing the intervention to a pharmacist and practice setting. It also requires implementation of a national reporting system for de-identified clinical interventions to measure the effect of the activities of the pharmacist across settings. Expanded funding is necessary to recognise higher-significance interventions that support medicine safety and reduce patient harm.

4

**Establish a nationally coordinated pharmacovigilance program which provides feedback on the safe and effective use of medicines**

---

Development of national measures for medicine safety across all settings, as well as quality improvement programs across all settings. A coordinated medicine safety program supported by pharmacovigilance for high-risk and new medicines, and a simplified adverse events reporting process would support improvement in the safe and effective use of medicines through improved reporting avenues and reliable dissemination of findings to practitioners.



Chris Campbell

Terrill's  
Chemistry

HOTTEST  
IN STORE

50%

24.99

1.99



# ACTION 2:

## ENHANCE THE ROLE OF COMMUNITY PHARMACISTS TO HAVE A GREATER LEVEL OF RESPONSIBILITY AND ACCOUNTABILITY FOR MEDICINES MANAGEMENT

**In the last six months, 1.2 million Australians are estimated to have experienced an adverse reaction to a medicine, equating to around 11% of people who have seen a GP.<sup>2</sup> This represents a significant personal impact to the people affected and a significant burden on the limited resources of the health system. Data shows that approximately 50% of these adverse events are preventable.<sup>2</sup>**

Community pharmacists have long been involved in the safe supply of medicines to the community, through robust dispensing processes. However, the

unique combination of health professional access and medicines expertise provides an opportunity for community pharmacists to provide enhanced services.

Community pharmacists are accessible and support consumers to use their medicines safely. Harnessing the community network to provide a greater role in medicine management can significantly improve medicine safety, health literacy and effective use of medicines.

### WHY MEDICINES SAFETY IS IMPORTANT IN THE COMMUNITY



1.2 million Australians have experienced an adverse medication event in the last 6 months.



1 in 5 people are suffering an adverse medication reaction at the time they receive a Home Medicines Review.



Almost 1 in 4 older people prescribed medicines cleared by the kidneys are prescribed an excessive dose.

## Benefits of enhancing the role of community pharmacists to have a greater level of responsibility and accountability for medicines management:

### For patients



- More patient-centric pharmacist care.
- Increased provision of expert advice from a pharmacist and confidence in the healthcare system.
- Better targeting of pharmacist activities focused on patient quality of life.
- Improved consumer access to medicines from a community pharmacist reducing barriers to care.
- Provision of confidence in the safety and quality of care received from a pharmacist.
- Reduced adverse drug events, and improved achievement of treatment goals.

### For pharmacists



- Recognition of the clinical role of community pharmacists.
- Increased professional standing of pharmacists through clearly demonstrating quality of clinical services provided.
- Support for sustainability and differentiation of community pharmacies.
- Additional remuneration for achievement of quality benchmarks.
- Raised awareness and understanding of pharmacist knowledge and expertise, so this expertise is actively sought by patients.
- Improved workforce satisfaction with role and activities performed.

### For Australia's health system



- Confidence that government funding is well spent, particularly in fully achieving health benefits from investment in PBS medicines.
- Cost savings through reduced hospitalisation and emergency department admissions.
- Support for the delivery of the National Medicines Policy and identification of opportunities for enhancing the quality use of medicines.
- Empowered primary healthcare teams to deliver quality care and illness prevention.
- Efficient and effective use of the pharmacy workforce.

---

To enhance the role of the community pharmacists in managing medicines, we have identified four system changes required to achieve the action in 2023:

1

**Establish medicine safety and quality measures for dispensing activities and provision of non-prescription medicines**

---

The establishment of quality measures will help demonstrate the value of individual pharmacists, pharmacies and the profession in delivering safe and effective use of medicines services to consumers. The current absence of quality measures makes it difficult to determine the impact of pharmacist care and therefore difficult to focus care towards higher-risk patients.

2

**Implement funding approaches that recognise quality, time and complexity of patient care**

---

Linking funding to quality, time and complexity of pharmacist care will incentivise pharmacists to focus more on care which is of higher value and of highest impact. This has the potential to substantially improve quality of life for Australians using medicines, particularly those taking multiple medicines for multiple chronic conditions.

This could be achieved through establishing practice incentive payments linked to quality measures, revising remuneration models for dispensing, clinical interventions, and medicine reviews to account for complexity, or moving towards a time-based consultation fee structure for pharmacy services reflecting that more complex services generally take longer to provide. A mixed methods funding structure would provide greatest flexibility to funders and stability to providers.

3

**Maximise consumer access to pharmacists by maintaining a viable and sustainable community pharmacy network**

---

Access to the community pharmacy network can only be maintained if community pharmacies are financially viable. To be able to take a greater role in medicine management, remuneration needs to support adequate pharmacist resources, with sufficient time for patient/carer engagement, to perform these roles safely and effectively.

The 7CPA will largely shape the viability of community pharmacies in 2023. It is essential the 7CPA prioritises access to community pharmacy services through remuneration measures that recognise the professional contribution of pharmacists and the business costs of providing these services.

4

**Enhance access to complex medicines supply arrangements targeted for the patients who need them**

---

Complex medicine supply arrangements, such as dose administration aids and staged supply, are an established part of community pharmacy practice. However, the services may not be targeted to those who would benefit from them most. Access to these services should be facilitated through remuneration models that prioritise consumers who are most vulnerable to medicine misadventure. New complex medicines support programs such as “New Medicines” support arrangements, and “High-Risk” medicines support services will need to be incorporated into future medicines supply remuneration agreements.

# ACTION 3:

## EMBED PHARMACISTS WITHIN HEALTHCARE TEAMS TO IMPROVE DECISION MAKING FOR THE SAFE AND APPROPRIATE USE OF MEDICINES

**A collaborative care team is where the patient and their healthcare providers work together to achieve optimal health outcomes. Ideally, it refers to situations where the team is located in the same practice setting and interact closely face-to-face, but also refers to providers who work in separate locations and are providing care to the same patient. It also includes making sure that linkages with existing care providers (such as community pharmacists) are better integrated with other care environments (such as general practice); for instance, through the use of digital technologies.**

These collaborative care teams have evolved within hospitals over decades, with pharmacists recognised as vital to achieving quality prescribing and appropriate medicine use and administration. It is important that attention is given to appropriate pharmacy workforce resourcing to allow pharmacist contributions to be more consistently available, particularly outside of hospitals.

The full integration of pharmacists into collaborative, patient-centred models of care, is a long-term objective, and important for supporting at-risk groups within our community such as Aboriginal and Torres Strait Islander people, rural and remote communities and disability services. Embedding pharmacists within primary care teams is the crucial step to helping achieve this longer-term objective.

### WHY MEDICINE SAFETY IS IMPORTANT IN AGED CARE



98% of residents have at least one medication-related problem.



Over half are exposed to at least one potentially inappropriate medicine.



## Benefits of embedding pharmacists within healthcare teams to improve decision making for the safe and appropriate use of medicines:

### For patients



- A team approach to healthcare that puts the patient at the centre.
- De-prescribing of unnecessary medicines, medicines that have questionable risk versus benefit, and medicines that may cause adverse effects and reduced quality of life.
- Reduced polypharmacy in aged care; for example, reducing use of antipsychotic medicines and benzodiazepines.
- Reduced underuse of medicines that impact the risk of health events such as heart attack and stroke.
- More time to talk to a professional within a GP practice about medicines, helping increasing consumer confidence in medicine use.
- Increased knowledge of health conditions and medicines, leading to improved medicine adherence.

### For pharmacists



- More roles with a clinical care focus.
- Collaboration with other health professionals to influence safety at the point of prescribing with a patient's health team.
- Demonstration of the value of pharmacists as medicines experts to other health professionals.
- Improved links between prescriber and dispenser.
- More proactive care at the point of initiating and modifying medicine treatment.
- Support for clinical decision making at the point of care.
- Innovative workforce opportunities for pharmacists.

### For Australia's health system



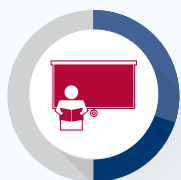
- Reduced hospital admissions and presentations to emergency departments, with associated cost savings.
- Increased trust in the knowledge and professional roles of pharmacists.
- Reduced duplication of care, and/or double-handling of care.
- Reduced administrative burden in the delivery of care and improved efficiencies of care delivery.
- Pharmacist care delivered where it is needed and where it can be most effective. Maximises benefits of pharmacist care by targeting areas of greatest need/benefit e.g., aged care, Aboriginal and Torres Strait Islander care.
- Provision of mechanism for measuring/evaluating impact of medicine policies and strategies.
- Improved healthcare delivery in primary care by convening a workforce that is fit for purpose in the same facility.
- Promotion of the utilisation of technologies (such as My Health Record) developed by government and designed to improve collaborative models of care



## PHARMACISTS EMBEDDED IN CARE TEAMS

An example of pharmacists' roles when operating in a healthcare team

### Education and Training



- Develop and lead education and training processes related to quality use of medicines within the team.
- Deliver education sessions (including new evidence, guidelines and therapies) to doctors and practice staff.
- Respond to medicine information queries including questions relating to medication formulas, medication availability and specific medication concerns from team members (e.g. switching anticoagulants, antidepressants, opioid equivalence).
- Significant focus should also occur on the use of high-cost medications (e.g. hepatitis C medications).

### Clinical Governance



- Deliver evaluation audits on best practice management for chronic disease (e.g. CVD, diabetes).
- Develop and lead clinical governance activities centred around the quality use of medicines.
- Collaboratively lead and develop systems, processes and communication strategies for each HCH practice that will reduce the risk of medicine misadventure through all transitions of care and enhance the quality use of medicines.
- Promote and enhance the uptake of electronic and self-directed care. Ensure uptake of My Health Record and electronic medicines lists.
- Act as a point of contact for local community pharmacies.
- Improve the quality prescribing of high-cost therapies including biologics.

### Patient-level activities



- Identify, resolve, prevent and monitor medication use and safety problems.
- Reduce polypharmacy and optimising medication regimens using evidence-based guidelines, recommending cost-effective therapies where appropriate.
- Facilitate uptake of chronic disease medication management consultations by the patient's nominated community pharmacy, as well as Community Pharmacy Agreement-funded programs such as dose administration aids, Medscheck and Home Medicines Review.



---

To improve decision making for the safe and appropriate use of medicines, we have identified three system changes required to achieve the action in 2023:

1

**Practice changes to embed pharmacists wherever medicines are prescribed and used, particularly in primary care – general practice, aged care and Aboriginal Community Controlled Health Organisations**

---

Roles for pharmacists include clinical governance activities, patient-level activities and supporting QUM education and training of staff. Patient level activities can include identifying, preventing and managing medicine-related problems, including direct consumer interactions to increase health literacy and confidence in using medicines.

2

**Increase funding to incentivise and support these primary care roles**

---

It is clear that there needs to be Federal Government investment in ensuring that pharmacists are included in settings such as aged care, general practice and in Aboriginal Community Controlled Health Organisations. A flexible funding pool should be established to support pharmacist activity at the system level of the service provider, as well as establishing fee-for-service models of care that allow the pharmacist to support patient-level activities, such as through the Medicare Benefits Schedule.

3

**Increase investment in hospital pharmacist resources to achieve medicine safety targets, and to ensure patients receive comparable access to pharmacist care, regardless of location, timing or nature of hospital stay**

---

The care provided by hospital pharmacists is thorough and often very specific to the nature of a patient's admission. While the quality of this care is generally high, the availability of the care can be inconsistent due to under-utilisation of pharmacist services on admission, at discharge and throughout hospital stay. Investment is needed to ensure that all patients received the same level of pharmacist care, including after hours, weekends and on public holidays.

# ACTION 4:

## FACILITATE PHARMACIST PRESCRIBING WITHIN A COLLABORATIVE CARE MODEL

Pharmacists are medicines experts who currently make clinical diagnoses (within their training and scope of practice) and make recommendations for the utilisation of over-the-counter medicines or referral to general practitioners with specific recommendations for effective treatment. Formalised collaborative prescribing for higher-risk medicines is a continuation of their medicines management role.

This action sees a non-medical prescribing role for Australian pharmacists similar to collaborative prescribing observed in the United Kingdom.

Non-medical prescribers and doctors in the UK report that patients accessing non-medical prescribers receive higher quality of care, can improve teamwork and in many cases reduce doctors' workload. A comprehensive review has shown that non-medical prescribers (including pharmacists) with varying levels of undergraduate, postgraduate, and specific on-the-job training related to the disease or condition are as effective as usual care medical prescribers, in a range of settings.<sup>19</sup>

### Benefits of facilitating pharmacist prescribing within a collaborative model:

#### For patients



- A patient-centric prescribing model, providing flexibility of options for a patient's individual health care needs.
- More timely access to the most optimal medicine treatment and/or dosing.
- Ensured uninterrupted access to long-term medicines as part of an agreed care plan (e.g. medicine continuance).
- Increased satisfaction with transition between primary and secondary care.
- Enhanced patient safety through increased monitoring and quicker resolution of medicine errors and other issues when discharged from hospital that may lead to medicine-related harms or risk of readmission.
- Reduced need to visit multiple health professionals to have existing medicines adjusted.
- Greater understanding of medicine treatment and increase in health literacy.

#### For pharmacists



- A more proactive role in patient care.
- Enhanced role extending medicine management skills into more stimulating and in-depth care provision.
- Increased professional satisfaction through being able to implement medicine management changes.
- More timely modification or refinement of medicine treatment according to treatment goals and/or test results in primary care and in hospital settings.
- More holistic approach to the provision of care with prescribing responsibilities.

#### For Australia's health system



- Achieve at least equivalent clinical benefits compared to usual medical care prescribing, based on international literature, with improved clinical outcomes for some conditions.
- Cost savings via reduced MBS and PBS spending by supporting more rational prescribing and de-prescribing.
- Reduced health costs by reducing hospital admissions through more effective care (e.g. stroke and CVD).
- Supports more effective medicine stewardship (e.g. antibiotic or opioid stewardship), particularly in hospital, general practice and aged care settings.

---

To support better patient care, we have identified three system changes required to achieve the action in 2023:

1

**Establish and agree to training and recognition requirements for collaborative pharmacist prescribers**

---

A model of collaborative prescribing will be determined by the pharmacy profession in collaboration with consumers and other stakeholders, including medical practitioners and government. The training and recognition requirements will be governed by the pharmacy profession.

2

**Legislative, regulatory and practice change to allow pharmacists to collaboratively prescribe within collaborative care teams in general practice, hospitals and in other settings**

---

Legislative and regulatory aspects of collaborative pharmacist prescribing should be identified and regulatory change – including assessment of funding models – should be developed to support adoption.

3

**Develop a framework for collaborative prescribing in community pharmacy**

---

Pharmacists should be supported through policy changes and funding models to adopt appropriate collaborative prescribing models working closely with general practitioners to support the achievement of therapeutic goals for consumers.

Utilise the accessible community pharmacy network to improve access to medicines through appropriate down-scheduling of medicines.

# ACTION 5:

## IMPROVE PHARMACIST STEWARDSHIP OF MEDICINE MANAGEMENT TO IMPROVE OUTCOMES AT TRANSITIONS OF CARE

**Clinical handover of patients to and from hospitals is often suboptimal and this includes the communication and continuity of care around medicine management. Hospitals have varying arrangements when it comes to pharmacist resourcing, which creates difficulties in ensuring that pharmacists play a key role when reconciling medicines on admission and discharge from hospital.**

Staffing allocations within hospital pharmacy departments should be sufficient to achieve appropriate clinical handover of patients and ensure continuity of medicine management is optimised. Role definition to ensure pharmacists can optimise

the transfer of care, including through medicines reconciliation on admission and discharge, should be prioritised as a matter of urgency. Systems investment in electronic medicines management should also be prioritised within the hospital environment.

Innovative and consistent application of expert pharmacist knowledge throughout a patient's healthcare journey would provide seamless and more effective care. Greater communication and enabling a shared-care approach to patient care will improve outcomes associated with transitions between care settings.

### WHY MEDICINE SAFETY AFTER DISCHARGE IS IMPORTANT



3 in 5 hospital discharge summaries where pharmacists are not involved in their preparation have at least one medication error.



For 1 in 5 people at high risk of readmission, timely provision of the discharge summary did not occur.

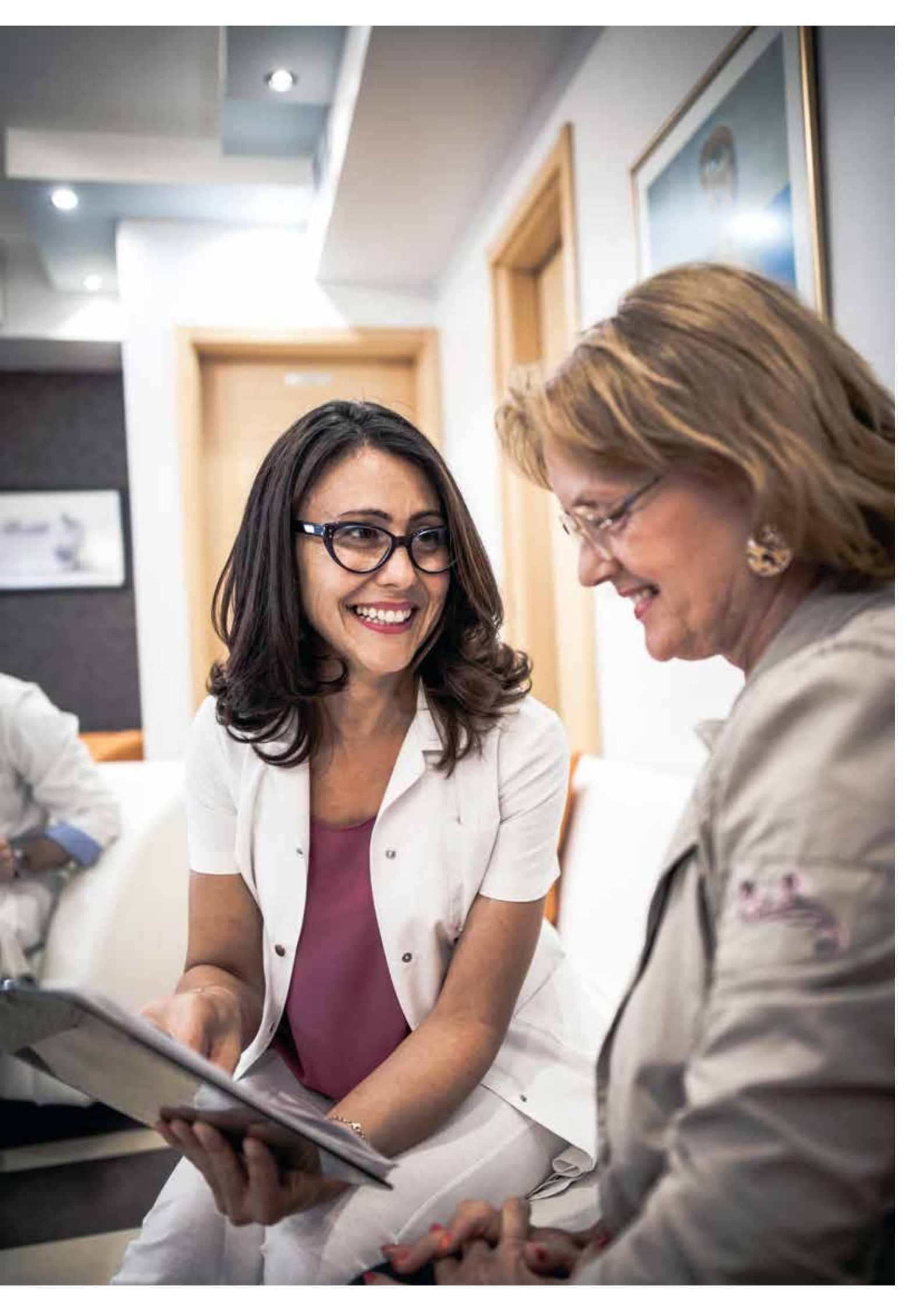


Only 1 in 5 changes made to the medication regimen during hospital admission were explained in the discharge summary.



Over 90% of patients have at least one medication-related problem post-discharge from hospital.





## Benefits of ensuring adequate pharmacist involvement to improve communication at transitions of care:

### For patients



- A better understanding of medicines prescribed in different settings.
- Improved communication between pharmacists and other care providers will mean a shared understanding of an individual's health needs and treatment goals.
- Can access practitioners with the required expertise to assess and advise on more complex medicine management or optimisation needs.
- Reduced medicine misadventure associated with transitions of care.
- Safer transitions between care settings for patients.

### For pharmacists



- More effective delivery of care, by understanding and communicating the health needs of patients.
- Enhanced recognition of advanced clinical practice, and greater opportunity to apply this to both individual patient care and the health system, without being confined to defined practice settings.
- Opportunity for pharmacists to take responsibility and accountability for medicines reconciliation and clinical communication at transitions of care.

### For Australia's health system



- Safer and more effective use of healthcare resources for the delivery of care through the quality use of medicines.
- Transitions of care are times of high risk for medicine misadventure. Empowering pharmacists to address these issues will reduce healthcare expenditure associated with this preventable issue by minimising overuse and underuse of medicines, and preventing readmission to hospital after medicine-misadventure events.

---

To improve outcomes at transitions of care, we have identified four system changes required to achieve the action in 2023:

1

**Ensure pharmacist involvement and resourcing at the point of admission and discharge from hospital, including medicine supply, patient education, medicine review and clinical handover**

---

Pharmacists must be involved in clinical handover focused on medicine management at the point of admission and discharge from hospital. Appropriate investment in pharmacist resourcing within hospital settings must occur to ensure that these activities can be conducted within the hospital environment.

Clinical handover at the time of admission by a hospital pharmacist with the usual care team can identify unique medication usage issues that are relevant during a person's stay in hospital.

2

**Explore ways to improve transitions of care between primary care and hospital settings, including documentation of a clear medicines plan and changes to patient medicines regimens to support medicine adherence and safety post-discharge**

---

Changes to medicine regimens within the hospital environment can be poorly communicated at times to primary care practitioners, including community pharmacists. Changes that occur should be clearly documented and communicated to the patient's primary care providers, and system changes should support clinical handover and medicines reconciliation within the community pharmacy environment.

3

**Establish electronic medicines management and automation solutions that ensure high-quality information management, interoperability and communication between all healthcare professionals**

---

It is recognised that the My Health Record System will enable improved information access for patients and their caregivers. However, there is a need for improved point-to-point communication using secure message delivery between care settings.

4

**Support new and developing pharmacist specialisations within the hospital system including governance, information and communication technology, stewardship, business management, research and policy development**

---

Hospital pharmacy has successfully developed frameworks for recognising specialisations by pharmacists. This should continue as a mechanism for embedding pharmacists at the point of decision making, as well as acknowledging the need for specialist medicine knowledge when it comes to particular disease states. This is particularly important as the use of medicine, especially new treatments, grows to address existing and previously untreatable illnesses.

# ACTION 6:

## UTILISE AND BUILD UPON THE ACCESSIBILITY OF COMMUNITY PHARMACIES IN PRIMARY CARE TO IMPROVE CONSUMER ACCESS TO HEALTH SERVICES

**Community pharmacies are uniquely placed within Australian communities and some have differentiated in a way that is being recognised as a primary healthcare hub. The community pharmacy sector in Australia, encompassing more than 5,700 pharmacies across the country, is multifaceted and faces unique challenges, particularly as the healthcare needs of the Australian population change due to an ageing population and advances in medical sciences and technology.**

The vital service that pharmacists provide in dispensing and supplying essential medicines for the community, particularly consumers with chronic diseases, is a well-established part of the fabric of our society. Indeed, this has been the fundamental role of pharmacists under the Pharmaceutical Benefits Scheme (PBS) since its inception in 1948. Community pharmacists

have played a key role in managing patients' health concerns by using their clinical training to 'assess then treat or refer' based on the patient's needs. This contribution provides timely access to care and reduces the burden on general practice and hospitals. Working collaboratively with general practice and Primary Health Networks will ensure that these services are integrated into local practice environments.

Now and in the future, consumers will continue to seek accessible and convenient care. Community pharmacies are in an ideal position to respond to consumer demands about how and when they access healthcare. Community pharmacies differentiating as primary healthcare hubs within their communities and offering a broad range of healthcare services will facilitate how pharmacists in 2023 contribute to accessible, safe, quality, efficient and effective healthcare.

### Benefits of utilising and building upon the accessibility of community pharmacies to improve consumer access to health services:

#### For patients



- Greater access to diverse range of health services, particularly in regional and remote communities, including in mental health and alcohol and drug services
- Better integration of pharmacists into multidisciplinary teams.
- Improved health through behaviour change from preventative health initiatives.
- Earlier diagnosis and referral of health conditions to enable more effective treatment and management of health issues.
- Reduced costs to access care.

#### For pharmacists



- More proactive role in patient care.
- Increased utilisation of pharmacist skills, especially in case finding and health literacy improvements.
- Recognition of preventative healthcare role of pharmacists.
- Formal recognition of the role of community pharmacists as integral primary healthcare providers.

#### For Australia's health system



- Address unmet population health needs.
- Increased consumer exposure to public health campaigns.
- Reduced health spending through delaying disease progression and/or spread.
- Improved access to healthcare across Australia.
- More equitable access to care.
- Reduced government costs associated with the delivery of care.

---

To improve consumer access to health services, we have identified four system changes required to achieve the action in 2023:

1

**Support for community pharmacies around Australia to differentiate into primary healthcare 'hubs' and respond to patient health needs**

---

Incentive arrangements need to be developed to support Australia's community pharmacies to deliver primary healthcare services, including formalised triage and referral, building on the preventive health role of community pharmacies in supporting consumer health and wellbeing. Support for community pharmacies in providing these services will be required until such time as the community develops an expectation for these roles to be readily available in pharmacies.

2

**Increase consumer awareness of pharmacists' role in facilitating self-care**

---

A public awareness campaign directed predominantly at consumers should be developed and funded by the Federal and State Governments to encourage the use of community pharmacy as a site for primary healthcare interventions

3

**Better utilisation of pharmacists to proactively tackle public population health priorities, increase vaccination rates and implement health prevention and treatment strategies**

---

The range of primary healthcare activities suitable to community pharmacy should be funded and expanded, initially focused on vaccination, but should also include other important health prevention and treatment activities to maintain consumer health and wellbeing. These include the National Health Priority Areas of mental health and alcohol and drug services.

4

**Practice change and funding to support evidence-based screening and risk assessment for priority health areas for at-risk populations**

---

National screening and risk assessment initiatives should be identified that are appropriate to community pharmacy to identify individuals at risk of specific conditions, and either manage, or refer care along an agreed management pathway.







# ACTION 7:

## EQUIP THE PHARMACIST WORKFORCE THROUGH PRACTITIONER DEVELOPMENT TO ADDRESS AUSTRALIA'S EXISTING AND EMERGING HEALTH CHALLENGES

Many experts within the pharmacy profession see specialisation and advanced practice as one of the next steps in the evolution of pharmacy practice. Pharmacists who operate in specialised areas can help manage health risks, increase public safety and have a significant impact on patient quality of life and health. The formal and system-wide recognition of advanced levels of practice will allow pharmacists to practice to their full scope and provide a variety of services such as disease state management (e.g. asthma) and pharmacist-led clinics (e.g. diabetes, cardiovascular). Examples of immediate priorities of care are in the use of opioids, antibiotics and psychotropic medicines. All of these high-risk medicines are contributing to medicine misadventure given the current way

they are being used. There is need for pharmacist stewardship in these areas.

The International Pharmaceutical Federation (FIP) has published a global vision for education and workforce that links to current global health and health education policy.<sup>20</sup> It provides guidance to all FIP member organisations (including PSA) on the future health challenges.

FIP has established 13 workforce development goals (WDGs) grouped into three clusters: academy (focus on schools, universities, and educational providers); professional development (focus on workforce – WDG 4-8); and systems (focus on policy development, governance strategy and planning, and monitoring systems).<sup>20</sup> The 13 WDG are:

### Workforce Development Goals



Access to high-quality health services is vital for the delivery of Australia's positive health outcomes. Ensuring the availability of an appropriately skilled pharmacy workforce (including pharmacy assistants and technicians) within health services, with effective distribution across the country such as community pharmacy is an important approach for improving equitable access to healthcare.

Productivity of pharmacists in many locations is being increased due to technology (such as the use of robotics) and optimising skill mix (expansion of the pharmacy technician role). Demand for pharmacists is also increasing in some areas due to the creation of new roles that mitigate shortages in other healthcare professions, such as medicine and nursing.

## Benefits of equipping the pharmacist workforce to address Australia's existing and emerging health challenges:

### For patients



- Access to pharmacists where patients need them.
- Development of a workforce of skilled practitioners with diverse specialisations.
- Being able to identify practitioners with enhanced knowledge and skill in specific areas of practice.
- Access to healthcare by appropriate use of health workforce.

### For pharmacists



- Increased capability to deliver a higher standard of care and address more complex health needs.
- Enhanced insight into expertise and development needs.
- Ability to demonstrate skills and expertise required for specific roles.
- Opportunities to develop new and emerging roles.
- Better support to undertake roles in isolated practice settings.
- Improved remuneration opportunities for pharmacists as the value of managing of more complex health needs will be recognised.

### For Australia's health system



- Skilled pharmacist workforce able to meet health system needs in locations where those needs exist.
- Increased flexibility in health spending, allocated according to consumer need.

---

To equip pharmacists to address Australia's existing and emerging health challenges, we have identified four system changes required to achieve the action in 2023:

1

**Develop a national approach to workforce planning, including engagement with systems to measure trends and the impact of the pharmacist workforce on health outcomes, to support decision making and inform workforce capacity and development needs**

---

Pharmacy workforce development requires detailed workforce planning for the pharmacy profession, taking into account the supply demands likely in the future as well as the current workforce characteristics, to ensure that the pharmacy workforce is fit for purpose for the future.

2

**Enhance formal recognition of practitioner development from foundational skills towards advanced (including specialised) practice – utilising the Advanced Pharmacist Practitioner framework within the National Competency Standards for Pharmacists**

---

Pharmacy workforce development requires formal recognition, across both the profession and the wider health system, of the stages and progression of advancing pharmacist practice. Remuneration and recognition pathways that incentivise individual practitioner development to support health service delivery are key components of workforce development.

3

**Develop mechanisms for promoting advanced practice with critical stakeholders, employers, funders and consumers – particularly where this enhances the provision of care**

---

Pharmacy workforce development requires a clear understanding of the stages and progression of practitioner development, what these mean in terms of skill and expertise, and how this benefits the health system and patient care.

4

**Expand opportunities for pharmacists to engage with peers, mentors and other health professionals across all settings of practice and stages of their career, and with other health professions, to develop and demonstrate practice experience and leadership**

---

Pharmacy workforce development requires implementation of a formal supervisory structure for practitioner development and supported by government and the Pharmacy Board of Australia to ensure that the pharmacy workforce has the opportunity to fully utilise their skills and expertise in practice.

# ACTION 8:

## ESTABLISH ADDITIONAL FUNDING MODELS AND FACILITATE ACCESS TO EXISTING FUNDING MODELS TO RECOGNISE THE VALUE AND QUALITY OF PHARMACIST CARE

**The most common theme expressed by pharmacists during the consultation period cannot be ignored. There is a strong desire among pharmacists in all settings to address individual remuneration and funding opportunities that do not rely solely on the Community Pharmacy Agreement (CPA).**

When it comes to individual pharmacist remuneration, there is an overarching desire for an increase in total remuneration for the sector, as well as the hourly rate that is afforded to pharmacists.

Feedback from pharmacists on funding sources outside of the CPA focused on the Medicare Benefits Scheme. The MBS was seen as a way of better aligning and integrating pharmacists with the rest of the health sector for services provided outside of dispensing and logistics. As new pharmacist services emerge, it is clear that flexibility and increased diversity of funding sources need to be adopted.

However, upon further consultation, it became apparent that the MBS was not considered to be a perfect model of remuneration; rather it was cited because it is the most obvious example of funding for healthcare services outside of the CPA.

### Benefits of establishing additional funding models and facilitating access to existing funding models to recognise the value and quality of pharmacist care:

#### For patients



- Increased quality of care by encouraging more one-on-one time with pharmacists.
- Improved quality of life through access to care provided by pharmacists in a variety of settings.
- Lower out-of-pocket cost of care.
- Increased availability of direct pharmacist care.
- Increased access to services and programs that have been recognised for providing valued care.

#### For pharmacists



- Remuneration that reflects the quality and value of care provided.
- Reduced perception of conflict of interest that professional advice is based on self-gain from product recommendations.
- Professional satisfaction by increasing meaningful and in-depth one-on-one patient engagement.
- Pharmacists encouraged to remain in the profession.

#### For Australia's health system



- Funding models supporting integrated cost-effective healthcare and healthcare system.
- Increased efficiency of service delivery models by incentivising collaboration and integrated healthcare.
- Improved health outcomes by delivery care by the right pharmacist, in the right setting to the right patient.

---

To ensure remuneration and funding recognises the value and quality of pharmacist care, we have identified three system changes required to achieve the action in 2023:

1

### **Ensure fair remuneration for pharmacists in recognition of their professional contribution in supporting people's health**

---

The remuneration for pharmacists must adequately reflect their standing in the healthcare system as well as their expertise, training and skills in addressing medicine management needs of consumers. Remuneration needs to incentivise best practice care, and to support integration and collaboration. Remuneration needs to support practitioner development and advanced models of care.

2

### **Establish funding models in addition to the Community Pharmacy Agreement (e.g. such as primary health networks) that recognise the value and quality of pharmacist care regardless of practice setting**

---

Funding streams for pharmacists need to be accessible in addition to the Community Pharmacy Agreement. These additional funding models need to recognise complexity of the care provided by pharmacists and should have the objective of supporting integration of pharmacists into collaborative care teams. This funding should be available to pharmacists irrespective of the setting in which they work and should support the approach to having a pharmacist wherever medicines are used. Ensuring parity with other healthcare professionals in delivering health services must be enabled. Pharmacists and their services should be embedded within the delivery models commissioned and funded by PHNs. The national priorities of the latter are closely aligned with areas that the pharmacy profession can readily contribute to e.g. triage and brief interventions in mental health, alcohol and drug dependencies, QUM in aged care and mental health.

3

### **Ensure current and future funding models link remuneration to achievement of quality measures, benchmarks and outcome measures to incentivise practice change**

---

Much of the Australian health system operates on a transactional model, pharmacy included. Remuneration models for the pharmacy profession need to support the evolution to a consultation-based and outcome-focused model of healthcare delivery that coexists with the logistical requirements of medicines supply. This remuneration model will recognise the complexity of care, achievement of health and process outcome measures and time requirements of pharmacist-delivered services. It should support practice change, allowing the pharmacy profession to take greater responsibility and accountability for medicines management. Community Pharmacy Agreements should support transition to a consultation-based remuneration format while continuing to address the logistical requirements of medicines supply via the Pharmaceutical Benefits Scheme.







# ACTION 9:

## ALLOW GREATER FLEXIBILITY IN FUNDING AND DELIVERY OF PHARMACIST CARE TO INNOVATE AND ADAPT TO THE UNIQUE PATIENT NEEDS IN ALL AREAS, WITH A SPECIFIC FOCUS ON REGIONAL, RURAL AND REMOTE AREAS

**There are numerous challenges for pharmacists providing care. These challenges are amplified in regional, rural and remote areas of Australia over and above the challenge of distance.**

The 7 million Australians (approx. 29% of the population) living in rural and remote areas generally have a higher prevalence of chronic conditions, and often have poorer health and welfare outcomes compared to those who live in major cities.<sup>21</sup>

Further to this, the prevalence of potentially avoidable deaths of people in very remote areas of Australia is 2.5 times greater than people living in major cities.<sup>22</sup>

Medicine supply, pharmacy access, workforce/locum pharmacist availability and the challenge of remote professional development are just a few barriers that may prevent patients accessing the same healthcare benefits as their urban counterparts.

People living outside Australia's metropolitan areas are more likely to have chronic health conditions such as diabetes, more likely to be overweight, more likely to smoke and more likely to die younger than Australians in urban areas.<sup>21</sup>

People living in rural and remote areas are less likely than those in cities to have a usual GP or place of care, and more frequently report that there were times they needed to see a GP for a healthcare need, but could not because there was no GP available nearby.<sup>21</sup>

As the most accessible health provider pharmacists are well placed to deliver a much greater role in Australia's health system. In regional, rural and remote Australia, where pharmacists may be the only health provider in a community, this greater role in the health system is especially valued.

## Benefits of allowing greater flexibility in funding and delivery of pharmacist care to innovate and adapt to the unique patient needs in all areas, with a specific focus in regional, rural and remote areas:

### For patients



- Increase access to pharmacist care programs that best meet the health needs of the local people and community, rather than specific disease-driven programs.
- More options to improve access to pharmacist care when the funding and rules for programs and services can adapt to individual needs of the local population and environment.
- Increase access to Aboriginal and Torres Strait Islander health workers in pharmacies to support provision of more culturally safe pharmacist care.
- Greater health literacy support to ensure understanding of health conditions and treatment.
- Improved health as pharmacists are empowered to apply their knowledge and skills in different ways to meet health needs in rural and remote Australia.

### For pharmacists



- Flexibility to deliver tailored patient care, including the delivery of care in settings that best suit the needs of the patient (e.g. in home care, Aboriginal and Torres Strait Islander health centres, community clinics, flying doctor clinics).
- Remuneration that reflects the additional challenges of providing care and recognises level of rural/remote practice more fairly and transparently.
- Alignment of incentives for pharmacists to work and remain in rural and remote Australia.
- More viable and sustainable provision of clinical services, which can support growing the rural pharmacist workforce.
- Recognition for case-finding, assessment and triaging services that integrate with the local medical team.
- Alignment of health workforce incentives for pharmacists with those of other healthcare practitioners to foster improved integration and collaboration in rural and remote Australia.
- Opportunities for advancing practice and delivery of innovative models of care to meet the needs of rural and remote Australia.

### For Australia's health system



- Greater ability to address disparities in the provision of care, by ensuring the pharmacist services funded in urban areas can be provided viably, and sustainably in rural and remote areas.
- Support effective, cost-efficient care through innovative funding models for an already collaborative primary care rural workforce.
- Permits pharmacists to flexibly apply available funding of programs to best meet the health needs of the local community.
- Incentivising services that also capture higher-quality data can better inform policy, planning, design and delivery of health services in rural and remote communities, while identifying further opportunities for utilisation of pharmacist care.

---

To adapt to the unique patient needs in all areas, with a specific focus in regional, rural and remote areas, we have identified four system changes required to achieve the action in 2023:

1

**Align the incentives for pharmacists to support rural and remote communities to those of other rural and remote health practitioners**

---

There is a need to align the rural and remote health workforce measures for pharmacists to those that are in place for medical practitioners, nurses and other allied health professionals. To achieve better integration and coordination of healthcare in rural and remote Australia, the incentives that are in place for other health professionals should equally be available to pharmacists. In addition, infrastructure incentives to support rural and remote community pharmacies should be developed to increase primary healthcare delivery as well as student supervision in rural and remote Australia.

2

**Equip pharmacists with skills and knowledge to deliver closing-the-gap initiatives for indigenous Australians**

---

There is an urgent need to address the considerable health disparities for Aboriginal and Torres Strait Islander peoples. Specific culturally appropriate programs for pharmacists within Aboriginal Health Services as well as within community pharmacies must be developed to support healthcare delivery for Indigenous Australians.

3

**Increase flexibility and consumer access to emergency supply and continued dispensing of medicines, recognising poor access to medical care**

---

Emergency supply and continued dispensing of medicines regulatory provisions are vital to ensure ongoing medicine supply to consumers where accessing a doctor for medical review is not possible. Challenges to accessing medical care are intense in some regional and rural locations. More flexibility in these locations to provide greater quantities, and a larger range of medicines under existing emergency supply and continued dispensing arrangements, is essential to allow ongoing supply of life-saving and illness-preventing medicines.

This is an important initiative in helping reduce the health disadvantage experienced by people living in these areas.

4

**Adopt and support a rural generalist training program for pharmacists**

---

Pharmacists may be one of the only primary care practitioners in rural and remote regions of Australia. Indeed, in some areas, the pharmacist may be the only accessible health practitioner. Development of a training and recognition program for rural practitioners that supports pharmacists in advanced care delivery in rural Australia would go a long way in helping to reduce health disparities, as well as improving access to quality care.

# ACTION 10:

## DEVELOP AND MAINTAIN A RESEARCH CULTURE ACROSS THE PHARMACIST PROFESSION TO ENSURE A ROBUST EVIDENCE BASE FOR EXISTING AND FUTURE PHARMACIST PROGRAMS

**Consumers, funders and pharmacists themselves want to be confident that pharmacist care activities are supported by robust evidence of beneficial outcomes and value of care.**

To enable future practice that is collaborative, inter-professional and consumer-centred, pharmacists' contribution to the care of individuals in their healthcare journey across all settings, must be measurable and inform continuous quality improvement and the implementation of new services or models of care.

Fair funding of pharmacist activities and models of care that accurately reflect the value and cost benefit of that care must be informed by high-quality evidence that enables efficient distribution and utilisation of resources.

Participation in research and the translation of research into everyday practice form underappreciated elements of the pharmacist competency standards.<sup>7</sup> A pharmacy practice research agenda needs to be developed in partnership with emerging and established

researchers, academics, practising pharmacists, funders and consumers to address unmet needs and evidence gaps. The applicability and impact of projects will be enhanced through a network of engaged practicing pharmacists that will influence policy and practice guidance.

Fair funding of pharmacist activities and models of care that accurately reflect the value and cost benefit of that care must be informed by high-quality evidence.

# Victorian Pharmacy Conference

KNOWLEDGE | PEOPLE | INNOVATION  
28-30 April 2018  
351 Royal Parade, Parkville, Victoria

24

SCHEDULE OF EVENTS	
Time	Session
08:30 - 09:00	Registration & Breakfast
09:00 - 09:30	Pharmacy's Future Vision
09:30 - 10:00	Keynote: The Future of Pharmacy
10:00 - 10:30	Breakfast
10:30 - 11:00	Session 1: Innovation in Pharmacy
11:00 - 11:30	Session 2: People in Pharmacy
11:30 - 12:00	Session 3: Knowledge in Pharmacy
12:00 - 12:30	Lunch
12:30 - 13:00	Session 4: Innovation in Pharmacy
13:00 - 13:30	Session 5: People in Pharmacy
13:30 - 14:00	Session 6: Knowledge in Pharmacy
14:00 - 14:30	Session 7: Innovation in Pharmacy
14:30 - 15:00	Session 8: People in Pharmacy
15:00 - 15:30	Session 9: Knowledge in Pharmacy
15:30 - 16:00	Session 10: Innovation in Pharmacy
16:00 - 16:30	Session 11: People in Pharmacy
16:30 - 17:00	Session 12: Knowledge in Pharmacy
17:00 - 17:30	Session 13: Innovation in Pharmacy
17:30 - 18:00	Session 14: People in Pharmacy
18:00 - 18:30	Session 15: Knowledge in Pharmacy
18:30 - 19:00	Session 16: Innovation in Pharmacy
19:00 - 19:30	Session 17: People in Pharmacy
19:30 - 20:00	Session 18: Knowledge in Pharmacy
20:00 - 20:30	Session 19: Innovation in Pharmacy
20:30 - 21:00	Session 20: People in Pharmacy
21:00 - 21:30	Session 21: Knowledge in Pharmacy
21:30 - 22:00	Session 22: Innovation in Pharmacy
22:00 - 22:30	Session 23: People in Pharmacy
22:30 - 23:00	Session 24: Knowledge in Pharmacy
23:00 - 23:30	Session 25: Innovation in Pharmacy
23:30 - 24:00	Session 26: People in Pharmacy
24:00 - 24:30	Session 27: Knowledge in Pharmacy
24:30 - 25:00	Session 28: Innovation in Pharmacy
25:00 - 25:30	Session 29: People in Pharmacy
25:30 - 26:00	Session 30: Knowledge in Pharmacy
26:00 - 26:30	Session 31: Innovation in Pharmacy
26:30 - 27:00	Session 32: People in Pharmacy
27:00 - 27:30	Session 33: Knowledge in Pharmacy
27:30 - 28:00	Session 34: Innovation in Pharmacy
28:00 - 28:30	Session 35: People in Pharmacy
28:30 - 29:00	Session 36: Knowledge in Pharmacy
29:00 - 29:30	Session 37: Innovation in Pharmacy
29:30 - 30:00	Session 38: People in Pharmacy
30:00 - 30:30	Session 39: Knowledge in Pharmacy
30:30 - 31:00	Session 40: Innovation in Pharmacy
31:00 - 31:30	Session 41: People in Pharmacy
31:30 - 32:00	Session 42: Knowledge in Pharmacy
32:00 - 32:30	Session 43: Innovation in Pharmacy
32:30 - 33:00	Session 44: People in Pharmacy
33:00 - 33:30	Session 45: Knowledge in Pharmacy
33:30 - 34:00	Session 46: Innovation in Pharmacy
34:00 - 34:30	Session 47: People in Pharmacy
34:30 - 35:00	Session 48: Knowledge in Pharmacy
35:00 - 35:30	Session 49: Innovation in Pharmacy
35:30 - 36:00	Session 50: People in Pharmacy
36:00 - 36:30	Session 51: Knowledge in Pharmacy
36:30 - 37:00	Session 52: Innovation in Pharmacy
37:00 - 37:30	Session 53: People in Pharmacy
37:30 - 38:00	Session 54: Knowledge in Pharmacy
38:00 - 38:30	Session 55: Innovation in Pharmacy
38:30 - 39:00	Session 56: People in Pharmacy
39:00 - 39:30	Session 57: Knowledge in Pharmacy
39:30 - 40:00	Session 58: Innovation in Pharmacy
40:00 - 40:30	Session 59: People in Pharmacy
40:30 - 41:00	Session 60: Knowledge in Pharmacy
41:00 - 41:30	Session 61: Innovation in Pharmacy
41:30 - 42:00	Session 62: People in Pharmacy
42:00 - 42:30	Session 63: Knowledge in Pharmacy
42:30 - 43:00	Session 64: Innovation in Pharmacy
43:00 - 43:30	Session 65: People in Pharmacy
43:30 - 44:00	Session 66: Knowledge in Pharmacy
44:00 - 44:30	Session 67: Innovation in Pharmacy
44:30 - 45:00	Session 68: People in Pharmacy
45:00 - 45:30	Session 69: Knowledge in Pharmacy
45:30 - 46:00	Session 70: Innovation in Pharmacy
46:00 - 46:30	Session 71: People in Pharmacy
46:30 - 47:00	Session 72: Knowledge in Pharmacy
47:00 - 47:30	Session 73: Innovation in Pharmacy
47:30 - 48:00	Session 74: People in Pharmacy
48:00 - 48:30	Session 75: Knowledge in Pharmacy
48:30 - 49:00	Session 76: Innovation in Pharmacy
49:00 - 49:30	Session 77: People in Pharmacy
49:30 - 50:00	Session 78: Knowledge in Pharmacy
50:00 - 50:30	Session 79: Innovation in Pharmacy
50:30 - 51:00	Session 80: People in Pharmacy
51:00 - 51:30	Session 81: Knowledge in Pharmacy
51:30 - 52:00	Session 82: Innovation in Pharmacy
52:00 - 52:30	Session 83: People in Pharmacy
52:30 - 53:00	Session 84: Knowledge in Pharmacy
53:00 - 53:30	Session 85: Innovation in Pharmacy
53:30 - 54:00	Session 86: People in Pharmacy
54:00 - 54:30	Session 87: Knowledge in Pharmacy
54:30 - 55:00	Session 88: Innovation in Pharmacy
55:00 - 55:30	Session 89: People in Pharmacy
55:30 - 56:00	Session 90: Knowledge in Pharmacy
56:00 - 56:30	Session 91: Innovation in Pharmacy
56:30 - 57:00	Session 92: People in Pharmacy
57:00 - 57:30	Session 93: Knowledge in Pharmacy
57:30 - 58:00	Session 94: Innovation in Pharmacy
58:00 - 58:30	Session 95: People in Pharmacy
58:30 - 59:00	Session 96: Knowledge in Pharmacy
59:00 - 59:30	Session 97: Innovation in Pharmacy
59:30 - 60:00	Session 98: People in Pharmacy
60:00 - 60:30	Session 99: Knowledge in Pharmacy
60:30 - 61:00	Session 100: Innovation in Pharmacy

## Benefits of developing and maintaining a research culture across the pharmacist profession to ensure a robust evidence base for existing and future pharmacist programs:

### For patients



- More effective and continuously improving pharmacist care to support the health and wellbeing of consumers.
- Knowledge that pharmacist programs are high quality and lead to improved health outcome through greater recognition of the consumer experience of care.
- An innovative healthcare system that fully utilises a health workforce that has evidence of benefit underpinning service delivery.
- Research focused on consumer needs and benefits and is a guiding principle that underpins health service delivery.

### For pharmacists



- Greater evidence base to support implementation and evolution of professional roles.
- Recognition and evidence for fairer remuneration of services through more accurate evaluation of the cost-effectiveness and value of pharmacist care.
- Increased engagement between the wider profession and pharmacist researchers supports this career pathway and enhances recognition and impact of research activities.
- Improved application of existing research to practice.
- Provision of mechanisms and incentives for pharmacists to participate in practice research that enhances the quality and recognition of professional practice.

### For Australia's health system



- Reassurance that funds invested in pharmacist services are value for money.
- Availability of robust evidence and data to inform development of government health policy.
- Enhanced development of robust and directly applicable evidence will address evidence gaps and support decision making by funders and providers of health services in the allocation of healthcare resources.
- Support for upscaling local models or innovations of care.
- Improved translation of research outcomes to practice to enhancing evidence-based care.
- Support for continuous quality improvement of pharmacist activities.



---

To develop and maintain a research culture, we have identified four system changes required to achieve the action in 2023:

1

### **Embed research activities within community pharmacy**

---

Practice research undertaken in community pharmacy is essential to demonstrating proof of concept for innovative health service delivery. Support must be given to practitioners to guide and participate in research to support the establishment of a research culture within Australian community pharmacies.

2

### **Establish a primary care pharmacy practice-based research network across Australia**

---

Building on the existing partnerships, PSA will lead a collaboration network of pharmacy researchers across Australia's academic community to promote research that informs and translates continual improvement to care provided by pharmacists to Australians.

3

### **Establish a pharmacy practice research and innovation fund**

---

A pharmacy practice research fund will help address the challenge of isolated and inconsistent funding streams for research. The fund can support strategic coordination of research to be aligned with National Health Priority Areas as well as emerging areas of need in healthcare. Emphasis on health services research and translation of research findings into practice and policy should be a priority.

4

### **Establish a research mentoring and inclusiveness process that develops research skills in pharmacists**

---

PSA will develop a process for connecting pharmacists with academics in order to propagate a research culture within the pharmacy profession. Funding and organisational support provided by PSA will prioritise research proposals that include pharmacists who have not participated in research previously.

# ACTION 11:

EMBRACE DIGITAL TRANSFORMATION TO IMPROVE THE QUALITY USE OF MEDICINES; SUPPORT THE DELIVERY OF SAFE, EFFECTIVE, AND EFFICIENT HEALTHCARE; AND FACILITATE COLLABORATIVE MODELS OF CARE

**Wider adoption and utility of digital technology, the roll-out of My Health Record and secure messaging between health practitioners will be transformational in reducing fragmentation of**

**health information, while improving quality of service, pharmacist accountability, patient safety, and consumer engagement.**

## Benefits of digital transformation to improve the quality use of medicines; support the delivery of safe, effective and efficient healthcare; and facilitate collaborative models of care:

### For patients



- Improved access to healthcare through adoption of digital initiatives.
- Consumer empowerment through access to information.
- Improved outcomes associated with medicine use through improved communication and access to information.
- Improved access to healthcare through digital means.

### For pharmacists



- Improved efficiencies in the delivery of healthcare.
- Increased access to clinical information required for pharmacist roles.
- Increased ability to be responsible and accountable for medicine safety through proactive participation in digital health systems.
- Improved linkages through virtual environments to the healthcare team.

### For Australia's health system



- Reduction in medicine misadventure due to improved information sharing and reduced fragmentation of care.
- Improved treatment of chronic disease and achievement of treatment targets.
- Reduced medicine related hospital admissions due to improved clinical handover at transitions of care.
- Improved access to healthcare through adoption of digital initiatives.
- Reduction in health system cost burden due to adverse medicine events through maintenance of accurate and current health information.
- Improved access to data in order to monitor trends in medicine utilisation.
- Reduced medicine wastage.
- Improved efficiencies in the healthcare system.

---

Digital transformation can be one of the major facilitators of improved healthcare delivery and we have identified four system changes required to achieve the action by 2023:

1

**Establish a connected healthcare community incorporating hospitals, general practice, aged care, community pharmacy and other healthcare settings**

---

Systems like My Health Record will be an enabler of increased information to health professionals to enable improved care delivery. However, digital systems need to evolve and be connected in a way that supports health professionals to deliver care. Information must be presented to health professionals in a way that supports quality use of medicines. Clinical information systems will need to evolve to patient management systems in the pharmacy environment and pharmacists will need to be able to interact with other health professionals in a seamless, effective and efficient way.

2

**Equip a digitally enabled pharmacy health workforce**

---

The pharmacy profession must be actively supported to use and interact with digital initiatives with the aim of improving quality use of medicines and access to healthcare. Ongoing guidance, support and training must be allocated to the profession to adopt, use and embrace digital transformation as a way of improving healthcare delivery.

3

**Enable flexible remuneration programs that incorporate digital interactions with patients**

---

If digital transformation of health service delivery is to improve the care of patients, then an increase in digital or virtual interactions, such as telehealth, must be recognised as suitable and flexible ways for pharmacists to support patients in their care. Remuneration programs for pharmacists need to recognise the use of digital communication with patients.

4

**Ensure digital transformation is driven by data analysis**

---

Pharmacists need to be supported by analysis of data that is driven and supported by digital transformation. Access to an analysis of data must drive system improvement at an individual patient, population and system level.

# ENABLERS

Five enablers of change were uncovered throughout the Pharmacists in 2023 Consultation Period. These enablers underpin each of the 11 Actions, and must be addressed in the implementation of the Pharmacists in 2023 Action Plan.



## Technology

While technological advances in diagnostics, medicines and medical devices offer exciting new ways of managing

health, there remains a need for technological improvement in pharmacist care. Paper-based systems, a lack of integration of existing software systems and infrastructure, and records that focus predominantly on supplied medicines rather than the patient care provided are barriers to optimised pharmacist care.

Technology is the key enabler that will support pharmacists in 2023 to be more responsible and accountable for medicines safety, allowing pharmacists to more easily communicate with other healthcare professionals in the delivery of better patient-centred care.



## Financial

Addressing the financial barriers currently impeding the evolution of pharmacist care is central to unlocking the

potential for pharmacists to optimally contribute to healthcare in 2023. Our consultations uncovered the inadequacy of existing models to remunerate the value of pharmacist services in relation to complexity of patient care.

There was a strong preference for an Medicare Benefits Schedule-style model to enable appropriate remuneration in addition to the Community Pharmacy Agreement. Collaboration with Primary Health Networks, flexibility in funding models to recognise the differences between metropolitan and rural pharmacy practice, and a desire to align primary care funding models to incentivise healthcare delivery and improve

health outcomes were also identified as supportive funding sources for pharmacist-delivered services.

The financial realities of pharmacy today can be observed in many ways, including a reluctance from practitioners, hospitals, governments, consumers and business owners to invest in services, workforce development or infrastructure.

PSA wants to ensure that primary care funding arrangements fulfil its potential to make a genuine difference to the health of the Australian community, as well as ensuring that

Pharmacy funding arrangements in the future should reflect pharmacists as highly trained healthcare clinicians who are accessible, responsible and accountable.

pharmacies and pharmacists become more closely incorporated into the broader primary health care service environment. To do so, it is essential that primary care pharmacy funding is built on an evidence-informed framework, so that increased investments in pharmacist services can deliver cost-effective solutions for government and better health outcomes for consumers, particularly those with chronic diseases who are taking multiple medicines.

In 2023, pharmacist remuneration must be fair, recognising the expertise and value of care provided. Pharmacy funding arrangements in the future should reflect pharmacists as highly trained healthcare clinicians who are accessible, responsible and accountable for their role in optimising medicines outcomes in the community setting. Funding must be enhanced to give greater recognition of the numerous ways in which pharmacists add value to the Australian healthcare system by ensuring access to health care for all Australians, in the supply of PBS medicines and in improving the health outcomes of all Australians.

## Workforce



A number of workforce issues were uncovered in the development of this report, including difficulty recruiting pharmacists in rural areas

(particularly in part-time roles), lack of future pharmacy ownership prospects and perceptions of 'generational inequity' between pharmacists. An issue with pharmacy culture was identified, including feedback that some pharmacists lack confidence and assertiveness required for their role.

There is an immediate need to address these issues at all stages of the pharmacist career pathway. It is vital to prepare the future workforce through evolved undergraduate course content to reflect the changing environment and healthcare needs of Australian patients.

A cultural shift is required for pharmacists to be more confident in their role in the health system and model genuine collaboration with other health professionals, embracing technology, improving communication and putting patient safety and health outcomes at the centre of decision making.

Professional development must focus on preparing pharmacists for a more outcomes-based funding system and for future roles in settings outside the traditional walls of the community pharmacy.

## Environment



With most pharmacist care in 2023 expected to continue to be delivered in community pharmacy, changes in the pharmacy environment are a

key enabler. Consumers report that a barrier to seeking pharmacist care is the impression of care being provided in a 'retail' rather than 'healthcare' environment, including consultations being conducted in public areas.

For this reason consumers must be involved in the co-design of pharmacist services to reflect patient needs, to ensure the evidence base for these services delivers cost effectiveness and leads to continuous improvement.

PSA notes the work of the Pharmacy Guild of Australia in their CP2025 project, particularly in relation to the need for community pharmacy to evolve to a 'healthcare hub' model. This model advocates for the physical layout of community pharmacies to include consultation rooms that will support pharmacists to deliver patient-centred care and improve consumer access to health services.

In addition, communication with consumers about the nature of services offered in pharmacy need to be improved. While pharmacy has evolved in recent decades to provide private and confidential facilities for instance, the fact that consumers are not aware of these facilities reveals a shortfall in demonstrating that pharmacy is already capable meeting the expectations of health care consumers.









## Quality

For pharmacists in 2023 to be recognised for their key role in healthcare, to address the issue of pharmacist remuneration and to ensure that the trusted status of pharmacists in the community is maintained, quality must be built into all pharmacist services. Quality service and better communication with consumers is needed to demonstrate how pharmacists can improve consumer access to health services and support wellness in addition to treating illness.

This final enabler seeks to raise the bar for pharmacists to deliver excellent quality in all services, in all locations and with every patient. PSA believes this culture of quality is central to the future of pharmacist roles, recognition and remuneration.






# THE ACTIONS AT A GLANCE

 <p><b>Medicine Safety</b></p>	 <p><b>Community Pharmacy</b></p>	 <p><b>Care Teams</b></p>	 <p><b>Prescribing</b></p>	 <p><b>Transitions of care</b></p>	 <p><b>Health hubs</b></p>
<p><b>Empower and expect all pharmacists to be more responsible and accountable for medicine safety.</b></p>	<p><b>Enhance the role of community pharmacists to have a greater level of responsibility and accountability for medicines management.</b></p>	<p><b>Embed pharmacists within healthcare teams to improve decision making for the safe and appropriate use of medicines.</b></p>	<p><b>Facilitate pharmacist prescribing within a collaborative care model</b></p>	<p><b>Improve pharmacist stewardship of medication management to improve outcomes at transitions of care.</b></p>	<p><b>Utilise and build upon the accessibility of community pharmacies in primary care to improve consumer access to health services.</b></p>

## System changes required to achieve the actions by 2023:

<ol style="list-style-type: none"> <li>1. Recognition of this issue as a National Health Priority Area, empowering pharmacists to proactively identify and resolve medicines-related problems in healthcare.</li> <li>2. Practice changes that focus pharmacists activities on preventing medicine misadventure, particularly at transitions of care.</li> <li>3. Workplace reform to enhance and measure the medicine safety contribution of individual pharmacists in all practice settings.</li> <li>4. Establish a nationally coordinated pharmacovigilance program which provides feedback on the safe and effective use of medicines.</li> </ol>	<ol style="list-style-type: none"> <li>1. Establish medicine safety and quality measures for dispensing activities and provision of non-prescription medicines.</li> <li>2. Implement funding approaches that recognise quality, time and complexity of patient care.</li> <li>3. Maximise consumer access to pharmacists through maintaining a viable and sustainable community pharmacy network.</li> <li>4. Enhance access to complex medicines supply arrangements (e.g. dose administration aids, staged supply) targeted for the patients who need them.</li> </ol>	<ol style="list-style-type: none"> <li>1. Practice changes to embed pharmacists wherever medicines are used, particularly in primary care - general practice, aged care and Aboriginal Community Controlled Health Organisations.</li> <li>2. Increase funding to incentivise and support these primary care roles.</li> <li>3. Increase investment in hospital pharmacist resources to achieve medicine safety targets, and to ensure patients receive comparable access to pharmacist care, regardless of location, timing or nature of hospital stay.</li> </ol>	<ol style="list-style-type: none"> <li>1. Establish and agree to training and recognition requirements for pharmacist prescribers.</li> <li>2. Legislative, regulatory and practice change to allow pharmacists to collaboratively prescribe within collaborative care teams in general practice and hospitals.</li> <li>3. Develop a framework for collaborative prescribing in community pharmacy.</li> </ol>	<ol style="list-style-type: none"> <li>1. Ensure pharmacist involvement and resourcing at the point of admission and discharge from hospital, including medication supply, patient education, medication review and clinical handover.</li> <li>2. Explore ways to improve transitions of care between primary care and hospital settings, including documentation of a clear medicines plan and changes to patient medicines regimens to support medication adherence and safety post-discharge.</li> <li>3. Establish electronic medicines management and automation solutions which ensure high-quality information management, interoperability and communication between all healthcare professionals.</li> <li>4. Support new and developing pharmacist specialisations within the hospital system including in governance, information and communication technology, stewardship, business management, and research and policy development.</li> </ol>	<ol style="list-style-type: none"> <li>1. Support for community pharmacies around Australia to differentiate into primary healthcare 'hubs' and respond to patient health needs.</li> <li>2. Increase consumer awareness of pharmacists' role in facilitating self care.</li> <li>3. Better utilisation of pharmacists to proactively tackle public population health priorities, increase vaccination rates and implement health prevention and treatment strategies.</li> <li>4. Practice change and funding to support evidence based screening and risk assessment for priority health areas for at-risk populations.</li> </ol>
--	---	---	---	---	--



 <p><b>Workforce development</b></p>	 <p><b>Funding</b></p>	 <p><b>Rural and remote</b></p>	 <p><b>Research and Evaluation</b></p>	 <p><b>Digital transformation</b></p>
<p><b>Equip the pharmacist workforce, through practitioner development, to address Australia's existing and emerging health challenges.</b></p>	<p><b>Establish additional funding models and facilitate access to existing funding models to recognise the value and quality of pharmacist care.</b></p>	<p><b>Allow greater flexibility in funding and delivery of pharmacist care to innovate and adapt to the unique patient needs in regional, rural and remote areas.</b></p>	<p><b>Develop and maintain a research culture across the pharmacist profession to ensure a robust evidence base for existing and future pharmacist programs.</b></p>	<p><b>Embrace digital transformation to improve the quality use of medicines; support the delivery of safe, effective, and efficient healthcare; and facilitate collaborative models of care.</b></p>

**System changes required to achieve the actions by 2023:**

<ol style="list-style-type: none"> <li>1. Develop a national approach to workforce planning, including engagement with systems to measure trends and the impact of the pharmacist workforce on health outcomes, to support decision-making and inform workforce capacity and development needs.</li> <li>2. Enhance formal recognition of practitioner development from foundational skills towards advanced (including specialised) practice – utilising the Advanced Pharmacist Practitioner framework within the National Competency Standards for Pharmacists.</li> <li>3. Develop mechanisms for promoting advanced practice with critical stakeholders, employers, funders and consumers – particularly where this enhances the provision of care.</li> <li>4. Expand opportunities for pharmacists to engage with peers and mentors across all settings of practice and stages of their career, and with other health professions, to develop and demonstrate practice experience and leadership.</li> </ol>	<ol style="list-style-type: none"> <li>1. Ensure fair remuneration for pharmacists in recognition of their professional contribution in supporting people's health.</li> <li>2. Establish funding models in addition to the Community Pharmacy Agreement that recognise the value and quality of pharmacist care regardless of practice setting.</li> <li>3. Ensure current and future funding models link remuneration to achievement of quality measures, benchmarks and outcome measures to incentivise practice change.</li> </ol>	<ol style="list-style-type: none"> <li>1. Align the incentives for pharmacists to support rural and remote communities to those of other rural and remote health practitioners.</li> <li>2. Equip rural and remote pharmacists with skills and knowledge to deliver closing- the-gap initiatives for indigenous Australians.</li> <li>3. Increase flexibility and consumer access to emergency supply and continued dispensing of medicines, recognising poor access to medical care.</li> <li>4. Adopt and support a rural generalist training program for pharmacists.</li> </ol>	<ol style="list-style-type: none"> <li>1. Embed research activities within community pharmacy.</li> <li>2. Establish a primary care pharmacy practice-based research network across Australia.</li> <li>3. Establish a pharmacy practice research and innovation fund.</li> <li>4. Establish a research mentoring and inclusiveness process that develops research skills in pharmacists.</li> </ol>	<ol style="list-style-type: none"> <li>1. Establish a connected healthcare community incorporating hospitals, general practice, aged care and community pharmacy.</li> <li>2. Equip a digitally enabled pharmacy health workforce.</li> <li>3. Enable flexible remuneration programs that incorporate digital interactions with patients.</li> <li>4. Ensure digital transformation is driven by data analysis.</li> </ol>
---	--	---	--	--

# REFERENCES

1. Donaldson LJ, Kelley ET, Dhingra-Kumar N, Kieny M-P, Sheikh A. Medication Without Harm: WHO's Third Global Patient Safety Challenge. *The Lancet*. 2017 Apr 29;389(10080):1680–1.
2. Medicine Safety: Take Care. Canberra: Pharmaceutical Society of Australia; 2019 Jan. At: [www.psa.org.au](http://www.psa.org.au)
3. Australian Statistics on Medicines 2015. Canberra: Commonwealth of Australia, Department of Health; 2016. At: [www.pbs.gov.au/info/statistics/asm/asm-2015](http://www.pbs.gov.au/info/statistics/asm/asm-2015)
4. Richardson A. IBIS World Industry Report - Pharmacies in Australia. 2013.
5. Barber N, Parsons J, Clifford S, Darracott R, Horne R. Patients' problems with new medication for chronic conditions. *BMJ Quality & Safety*. 2004 Jun 1;13(3):172–5.
6. PBS Expenditure and Prescriptions Twelve Months to 30 June 2018. PBS Information Management Section, Commonwealth Department of Health; At: [www.pbs.gov.au/info/statistics/expenditure-prescriptions/expenditure-prescriptions-twelve-months-to-30-june-2018](http://www.pbs.gov.au/info/statistics/expenditure-prescriptions/expenditure-prescriptions-twelve-months-to-30-june-2018)
7. National Competency Standards Framework for Pharmacists in Australia 2016. Canberra: Pharmaceutical Society of Australia; 2017. At: [my.psa.org.au/servlet/fileField?entityId=ka17F0000000xzpQAA&field=PDF\\_File\\_Member\\_Content\\_\\_Body\\_\\_s](http://my.psa.org.au/servlet/fileField?entityId=ka17F0000000xzpQAA&field=PDF_File_Member_Content__Body__s)
8. National Medicines Policy. Australian Government Department of Health and Ageing; 1999. At: [www.health.gov.au/internet/main/publishing.nsf/Content/B2FFBF72029EEAC8CA257BF0001BAF3F/\\$File/NMP2000.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/B2FFBF72029EEAC8CA257BF0001BAF3F/$File/NMP2000.pdf)
9. Early Career Pharmacist White Paper. Canberra: Pharmaceutical Society of Australia; 2017 Jul. At: [www.psa.org.au](http://www.psa.org.au)
10. McMillan SS, Kelly F, Sav A, King MA, Whitty JA, Wheeler AJ. Australian community pharmacy services: a survey of what people with chronic conditions and their carers use versus what they consider important. *BMJ Open*. 2014 Dec 1;4(12):e006587.
11. Response to the Pharmaceutical Society of Australia: Pharmacists in 2023 Discussion Paper. Consumers Health Forum of Australia; 2018 Sep. At: [chf.org.au/sites/default/files/10092018\\_chfs\\_submission\\_to\\_psa.pdf](http://chf.org.au/sites/default/files/10092018_chfs_submission_to_psa.pdf)
12. The Future of Pharmacy: Consumer insights. A commissioned report for the Pharmaceutical Society of Australia. Canberra: Consumers Health Forum of Australia; 2017 Dec.
13. Future of Health: Shifting Australia's focus from illness treatment to health and wellbeing management. CSIRO (Commonwealth Scientific and Industrial Research Organisation); 2018 Sep. At: [www.csiro.au/en/Do-business/Futures/Reports/Future-of-Health](http://www.csiro.au/en/Do-business/Futures/Reports/Future-of-Health)
14. Community Pharmacy 2025: Framework for Change. Canberra: Pharmacy Guild of Australia; 2018.
15. Professional Practice Standards for Pharmacists. The Pharmaceutical Society of Australia; 2017. At: [www.psa.org.au/practice-support-industry/professional-practice-standards/](http://www.psa.org.au/practice-support-industry/professional-practice-standards/)
16. Benrimoj SJ, Frommer MS. Community pharmacy in Australia. *Aust Health Review*. 2004;28(2):238–46.
17. WHO Report: The Role of the Pharmacist in the Health Care System. World Health Organisation (WHO); 1994. At: [apps.who.int/medicinedocs/en/d/Jh2995e/](http://apps.who.int/medicinedocs/en/d/Jh2995e/)
18. Weeks G, George J, Maclure K, Stewart D. Non-medical prescribing versus medical prescribing for acute and chronic disease management in primary and secondary care. In: *Cochrane Database of Systematic Reviews*. John Wiley & Sons, Ltd; 2016. At: [onlinelibrary.wiley.com/doi/10.1002/14651858.CD011227.pub2/abstract](http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011227.pub2/abstract)
19. Pharmacy at a Glance (2015-2017). The Hague: International Pharmaceutical Federation (FIP); 2017. At: [www.fip.org/files/fip/publications/2017-09-Pharmacy\\_at\\_a\\_Glance-2015-2017.pdf](http://www.fip.org/files/fip/publications/2017-09-Pharmacy_at_a_Glance-2015-2017.pdf)
20. Transforming Pharmacy and Pharmaceutical Sciences Education in the Context of Workforce Development. The Hague: International Pharmaceutical Federation (FIP); 2017. At: [www.fip.org/files/fip/publications/FIPEd\\_Nanjing\\_Report\\_2017\\_11.10.17.pdf](http://www.fip.org/files/fip/publications/FIPEd_Nanjing_Report_2017_11.10.17.pdf)
21. Australia's health 2018. Canberra: AIHW (Australian Institute of Health and Welfare); 2018. At: [www.aihw.gov.au/reports/australias-health/australias-health-2018/contents/table-of-contents](http://www.aihw.gov.au/reports/australias-health/australias-health-2018/contents/table-of-contents)
22. Survey of Health Care: selected findings for rural and remote Australians - web report. Canberra: AIHW (Australian Institute of Health and Welfare); 2018 Apr. Report No.: Cat. no: PHE220. At: [www.aihw.gov.au/reports/rural-remote-australians/survey-health-care-selected-findings-rural-remote/contents/summary](http://www.aihw.gov.au/reports/rural-remote-australians/survey-health-care-selected-findings-rural-remote/contents/summary)



*Pharmacists in 2023*  
seeks to identify and  
unlock opportunities  
that realise the  
full potential of  
pharmacist practice  
as part of the  
healthcare team.