

# Pharmacy



Health

## Who are Pharmacists?

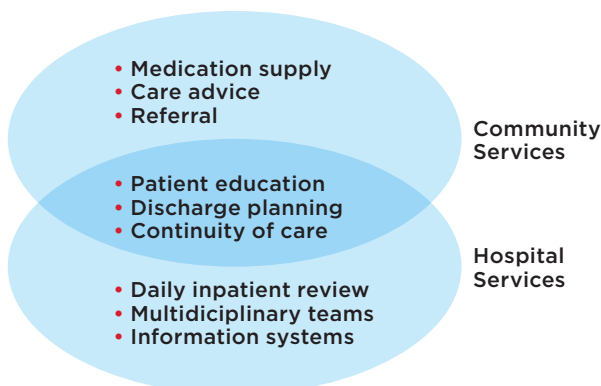
Pharmacy practice in Australia includes the custody, preparation, dispensing and provision of medicines, together with systems and information to assure quality of use. Pharmacists also provide counselling to patients on the best use of medicines as well as advice on symptoms and the management of common ailments, possible medication side-effects and drug interactions. They provide health education to customers, patients and other health professionals. In community settings Pharmacists are often the initial point of client contact with the healthcare system.

Hospital pharmacists also provide medication reconciliation on admission to and discharge from NSW hospitals, assess medication management as part of the multidisciplinary team; provide clinical reviews, provide therapeutic drug monitoring and adverse drug reaction management to all inpatients and participate in quality assurance and research activities.

Pharmacists are registered with the Pharmacy Board of Australia

## Service access and contact points

Walk-in, inpatient referral and/or routine daily inpatient review, non-admitted presentation referral, community services, Residential Aged Care Facilities.



## Workforce characteristics 2014



There are **28,751** Registered Pharmacists in Australia, of which **8,921** are registered in New South Wales

In NSW:



**8%** of annual registrations are first-time registrations

**85.6%** of Pharmacists received their qualification in Australia



**34.5%** of the workforce is employed part-time

On average Pharmacists work **35.7** hours per week



**58.5%** of the Pharmacy workforce are female

**15.4%** are aged 55 or older



There are **2.26** private sector Pharmacists for every public sector Pharmacist



**0.4%** of NSW Pharmacists identify as Aboriginal, up from **0.2%** in 2011 and above the national average of **0.3%**

## Considerations for service planning

- Pharmacist involvement in multidisciplinary models of care promotes the delivery of safe and appropriate pharmacy services
- Expansion of services to include after-hours and weekend service provision has the potential to enhance discharge planning and service effectiveness
- Consideration of supporting roles such as technicians and assistants is a core component of promoting service functionality
- High student volumes increase training placement pressures and competitiveness for new graduate roles
- Structured communication between hospital and community can promote continuity of care and conformance with care plans

## Drivers of Pharmacy workforce supply

The high number of new graduates and the limited availability of positions results in a mismatch between the two factors. This leads to a significant proportion of graduates being channelled into community practice

Funding for positions in NSW public hospital settings is limited

A misalignment exists between duties performed, levels of reward and remuneration, which inhibits career progression through different grades. Award-related difficulties when attempting to re-grade pharmacist and technician positions are frequent

Factors impacting the recruitment and retention of rural pharmacists include perceptions of professional isolation and high workload

## Drivers of demand for Pharmacy services

Population ageing, the growing incidence of chronic disease and the availability of new medications can lead to increases in the number and complexity of medication interventions, increasing demand for pharmacy services

Increasing rates of hospital admissions bring about an increase in pharmacist demand

The requirements of using, testing, managing and maintaining clinical IT systems increases workload

Changes in models of care and shifts to multidisciplinary approaches can generate new demands upon hospital pharmacists. Pharmacy services are at risk of being assumed when pharmacists do not have input into model of care design



## Challenges

Flat career pathways

Opportunities to participate in multidisciplinary teams are often limited. This limits the scope for Pharmacists to influence model of care design

Continuity of care and case management for chronic and complex care is often disrupted by patient discharge

Funding for positions is limited. Pharmacists believe that additional positions would enhance the capacity for quality pharmacy involvement across the full spectrum of hospital pharmacy services

## Opportunities

High Risk Foot Clinics directly reduce the The emergence of e-health and telehealth technologies will better leverage the workforce and improve equity of access to services, while also reducing the workload of rural hospital pharmacists.

Potential to align service models with service need can be realised by extending practice hours

Potential exists to promote engagement and education programs for Aboriginal communities. The Quality Use of Medicines Maximised in Aboriginal and Torres Strait Islander People's Program also provides supports for accessing pharmacy services to people who are Aboriginal. People who are Aboriginal who also live in rural and remote areas are able to access medicines through the Pharmaceutical Benefits Scheme in bulk with reduced paperwork requirements.

Scope of practice realignment could enable practice expansion in areas such as protocol-driven prescribing, advanced/specialist practice areas, education, IT, Telehealth and integration Career pathways could be significantly enhanced through training and recognition in specialist areas of practice

Increasing the safe and appropriate utilisation of support roles such as Technicians and Assistants has the potential to enhance pharmacist capacity

## References

Australian Institute of Health and Welfare 2016, Pharmacy Workforce, <http://www.aihw.gov.au/workforce/pharmacy/> Health Workforce Australia, 2014. Pharmacists in Focus. Health Workforce Australia.

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