












THE ACTIONS AT A GLANCE

 Medicine Safety	 Community Pharmacy	 Care Teams	 Prescribing	 Transitions of care	 Health hubs	 Workforce development	 Funding	 Rural and remote	 Research and Evaluation	 Digital transformation
Empower and expect all pharmacists to be more responsible and accountable for medicine safety.	Enhance the role of community pharmacists to have a greater level of responsibility and accountability for medicines management.	Embed pharmacists within healthcare teams to improve decision making for the safe and appropriate use of medicines.	Facilitate pharmacist prescribing within a collaborative care model	Improve pharmacist stewardship of medication management to improve outcomes at transitions of care.	Utilise and build upon the accessibility of community pharmacies in primary care to improve consumer access to health services.	Equip the pharmacist workforce, through practitioner development, to address Australia's existing and emerging health challenges.	Establish additional funding models and facilitate access to existing funding models to recognise the value and quality of pharmacist care.	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.	Develop and maintain a research culture across the pharmacist profession to ensure a robust evidence base for existing and future pharmacist programs.	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.

System changes required to achieve the actions by 2023:					System changes required to achieve the actions by 2023:					
<ol style="list-style-type: none"> 1. Recognition of this issue as a National Health Priority Area, empowering pharmacists to proactively identify and resolve medicines-related problems in healthcare. 2. Practice changes that focus pharmacists activities on preventing medicine misadventure, particularly at transitions of care. 3. Workplace reform to enhance and measure the medicine safety contribution of individual pharmacists in all practice settings. 4. Establish a nationally coordinated pharmacovigilance program which provides feedback on the safe and effective use of medicines. 	<ol style="list-style-type: none"> 1. Establish medicine safety and quality measures for dispensing activities and provision of non-prescription medicines. 2. Implement funding approaches that recognise quality, time and complexity of patient care. 3. Maximise consumer access to pharmacists through maintaining a viable and sustainable community pharmacy network. 4. Enhance access to complex medicines supply arrangements (e.g. dose administration aids, staged supply) targeted for the patients who need them. 	<ol style="list-style-type: none"> 1. Practice changes to embed pharmacists wherever medicines are used, particularly in primary care - general practice, aged care and Aboriginal Community Controlled Health Organisations. 2. Increase funding to incentivise and support these primary care roles. 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. 	<ol style="list-style-type: none"> 1. Establish and agree to training and recognition requirements for pharmacist prescribers. 2. Legislative, regulatory and practice change to allow pharmacists to collaboratively prescribe within collaborative care teams in general practice and hospitals. 3. Develop a framework for collaborative prescribing in community pharmacy. 	<ol style="list-style-type: none"> 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. 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. 3. Establish electronic medicines management and automation solutions which ensure high-quality information management, interoperability and communication between all healthcare professionals. 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. 	<ol style="list-style-type: none"> 1. Support for community pharmacies around Australia to differentiate into primary healthcare 'hubs' and respond to patient health needs. 2. Increase consumer awareness of pharmacists' role in facilitating self care. 3. Better utilisation of pharmacists to proactively tackle public population health priorities, increase vaccination rates and implement health prevention and treatment strategies. 4. Practice change and funding to support evidence based screening and risk assessment for priority health areas for at-risk populations. 	<ol style="list-style-type: none"> 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. 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. 3. Develop mechanisms for promoting advanced practice with critical stakeholders, employers, funders and consumers – particularly where this enhances the provision of care. 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. 	<ol style="list-style-type: none"> 1. Ensure fair remuneration for pharmacists in recognition of their professional contribution in supporting people's health. 2. Establish funding models in addition to the Community Pharmacy Agreement that recognise the value and quality of pharmacist care regardless of practice setting. 3. Ensure current and future funding models link remuneration to achievement of quality measures, benchmarks and outcome measures to incentivise practice change. 	<ol style="list-style-type: none"> 1. Align the incentives for pharmacists to support rural and remote communities to those of other rural and remote health practitioners. 2. Equip rural and remote pharmacists with skills and knowledge to deliver closing-the-gap initiatives for indigenous Australians. 3. Increase flexibility and consumer access to emergency supply and continued dispensing of medicines, recognising poor access to medical care. 4. Adopt and support a rural generalist training program for pharmacists. 	<ol style="list-style-type: none"> 1. Embed research activities within community pharmacy. 2. Establish a primary care pharmacy practice-based research network across Australia. 3. Establish a pharmacy practice research and innovation fund. 4. Establish a research mentoring and inclusiveness process that develops research skills in pharmacists. 	<ol style="list-style-type: none"> 1. Establish a connected healthcare community incorporating hospitals, general practice, aged care and community pharmacy. 2. Equip a digitally enabled pharmacy health workforce. 3. Enable flexible remuneration programs that incorporate digital interactions with patients. 4. Ensure digital transformation is driven by data analysis.