

PHARMACISTS IN 2023: **ROLES AND REMUNERATION**

Valuing the contribution pharmacists make to patient care





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INTRODUCTION

Australia is facing new and evolving challenges in meeting the healthcare needs of its population. As our population grows older, health challenges such as an increasing burden of chronic disease, polypharmacy, increased expectations of quality of life and advancement of technology create strain on an increasingly complex healthcare system.

This strain can be seen in part through increasing harm experienced through gaps in medicine safety. PSA's *Medicine Safety: Take Care Report* has shone a light on the medicine safety issues in Australia, and they are alarming. Over 250,000 Australians are admitted to hospital each year as a result of a medicine related problem. Another 400,000 presentations to emergency departments are likely due to a problem with medicines. While some of this harm may be unavoidable, it is startling that 50% of this harm is preventable.¹

Pharmacists are experts in medicines and should be facilitated to be the stewards of medicine safety. This data is indicative of the need for pharmacists to be embedded wherever medicines are used – from the point of prescribing, through to supply and administration, and monitoring health outcomes.

Pharmacists, in particular early career pharmacists (ECPs), have identified there are artificial barriers to them protecting the public against unnecessary harm from medicines. They are also concerned the flow-on from this is an impediment to fair and reasonable remuneration for their training, skills and

expertise. ECPs are further concerned there are inadequate opportunities that allow them to innovate, develop and diversify their practice.² The situation is dire – it is causing many of the pharmacy profession's best and brightest to leave the profession.

The Pharmaceutical Society of Australia (PSA) wants to see all pharmacists be the best they can be, and realise their full potential. In *Pharmacists in 2023: For patients, for our profession, for Australia's health system*,³ we describe the system changes which need to occur for pharmacists to have greater responsibility and accountability for medicine safety. We also focused on other changes in our health system to better utilise pharmacists, wherever they may be working, to deliver better health for all Australians.

Fully implemented, these systems changes will ensure that by 2023 patients benefit from pharmacists operating as established and regular members of the health team, practising to full scope and appropriately recognised and remunerated for their training, skills and expertise and the impact they have on health care.

PURPOSE OF DOCUMENT

This document describes existing pharmacists' roles, and how they will evolve by 2023, including within new and emerging settings. It describes how advanced practice can provide a structure to recognise and remunerate the contribution of pharmacists to the health system.

This document can be used to:

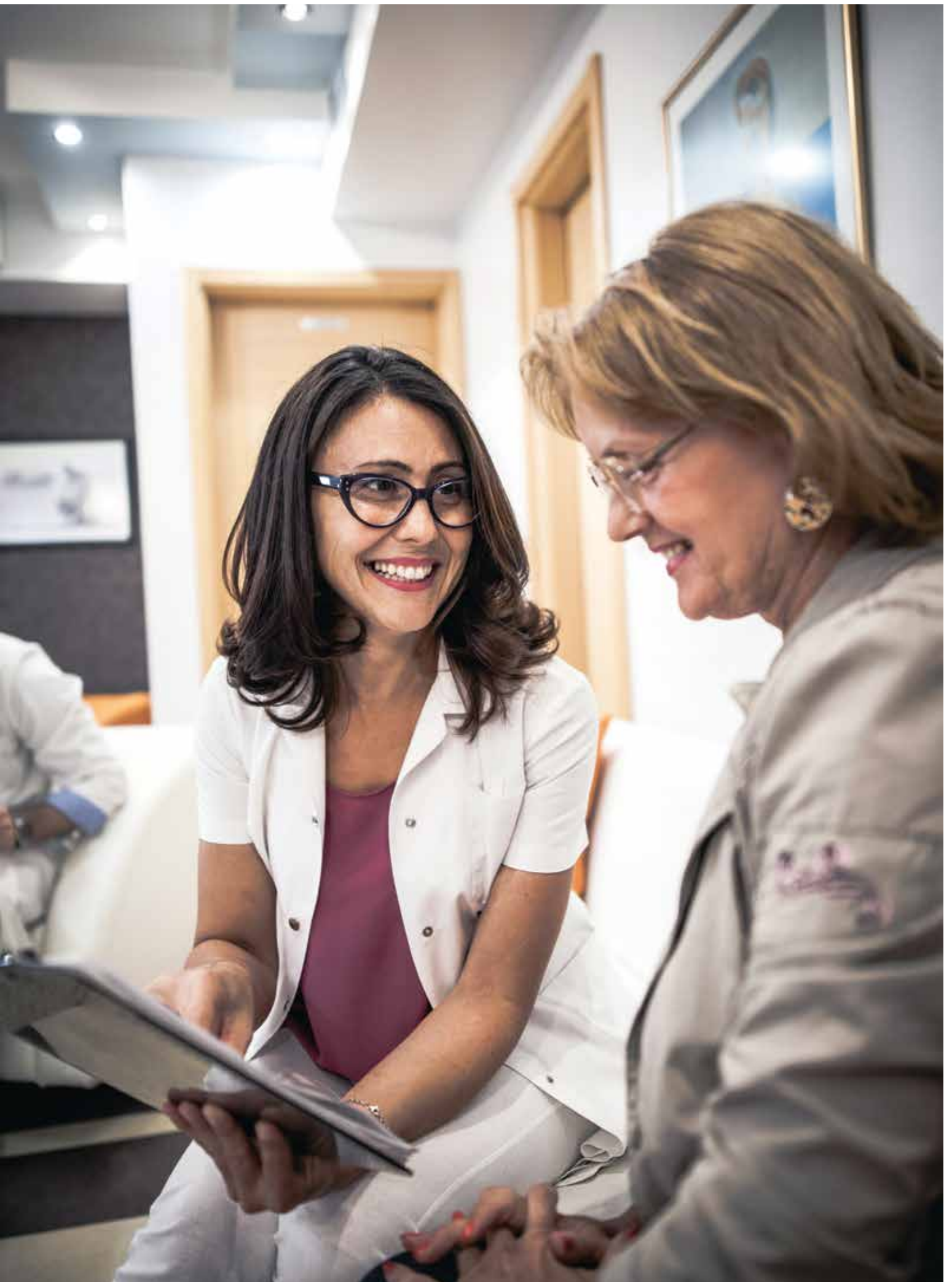
- support current and prospective pharmacists' understanding of possible roles they could fulfil, and the qualifications, skills and attributes needed to adopt these roles
- demonstrate and describe the role of pharmacists when engaging with health care providers (such as general practices or community pharmacies) or commissioning bodies (such as Primary Health Networks (PHNs)).
- provide a guide for pharmacists as to how the roles of pharmacists will evolve by 2023, including expanding into non-traditional practice settings and greater recognition through measures such as credentialing which can positively influence remuneration.

SCOPE OF DOCUMENT

This document focuses primarily on clinical aspects of a pharmacist's role in the practice settings described. This includes consideration of how mastery, experience and advancing practice can increase the value and scope of a pharmacist's role.

It does not specifically speak to responsibilities associated with business management or pecuniary interest, nor attempt to describe the effect of these responsibilities on the pharmacist's role or remuneration.

It does not address pharmacist roles which do not have a direct interface with patient care, such as within pharmaceutical industry, academia, research and professional bodies.



PHARMACISTS' ROLES IN AUSTRALIA'S HEALTH SYSTEM

PROFESSIONAL PURPOSE

Pharmacists are experts in medicines and have a primary responsibility at all times to see medicines used safely, judiciously and effectively. This is completely consistent with the goals and objectives of Australia's *National Medicines Policy*⁴ to 'meet medication and related service needs, so that both optimal health outcomes and economic objectives are achieved'.

The attributes of pharmacy practice common to all roles are outlined with the *National Competency Standards Framework for Pharmacists in Australia* (2016)⁵:

"Pharmacists use their expertise in medicines to optimise health outcomes and minimise medication misadventure. They apply their knowledge of medicines and poisons to promote their safe use and avoid harm to users and others in the community.

The practice of pharmacy includes the custody, preparation, dispensing and provision of medicines, together with systems and information to assure quality of use.

Pharmacists provide health care, education and advice across all settings to promote good health and to reduce the incidence of illness. Pharmacists provide direct care to patients and also have a broader role in enhancing public health and quality use of medicines in the community.

A sound pharmaceutical knowledge base, effective problem-solving, organisational, communication and interpersonal skills, together with an ethical and professional attitude, are essential to the practice of pharmacy."

These skills apply equally to clinical care and non-clinical care roles. Clinical roles include any role which has a direct interface with patient care, with such roles generally based in community pharmacies, aged care, general practices and hospital pharmacies. In addition to clinical care roles pharmacy practice can extend to working in management, administration, education, research, advisory, regulatory or policy development roles; and any other role which supports safe, effective service delivery.⁵⁻⁷

MEETING EVOLVING HEALTH SYSTEMS NEEDS

The average Australian is living longer, lives with an increasing number of chronic health conditions, is more likely to be overweight and uses more medicines in managing their health. They desire a higher standard of care than previous generations have expected and may be more knowledgeable about their health, although data on health literacy for the majority of Australians remains low.^{8,9} In conjunction with medical advances, increased consumer mobility and varying financial capacity to pay, the provision of care is more complex than ever before.

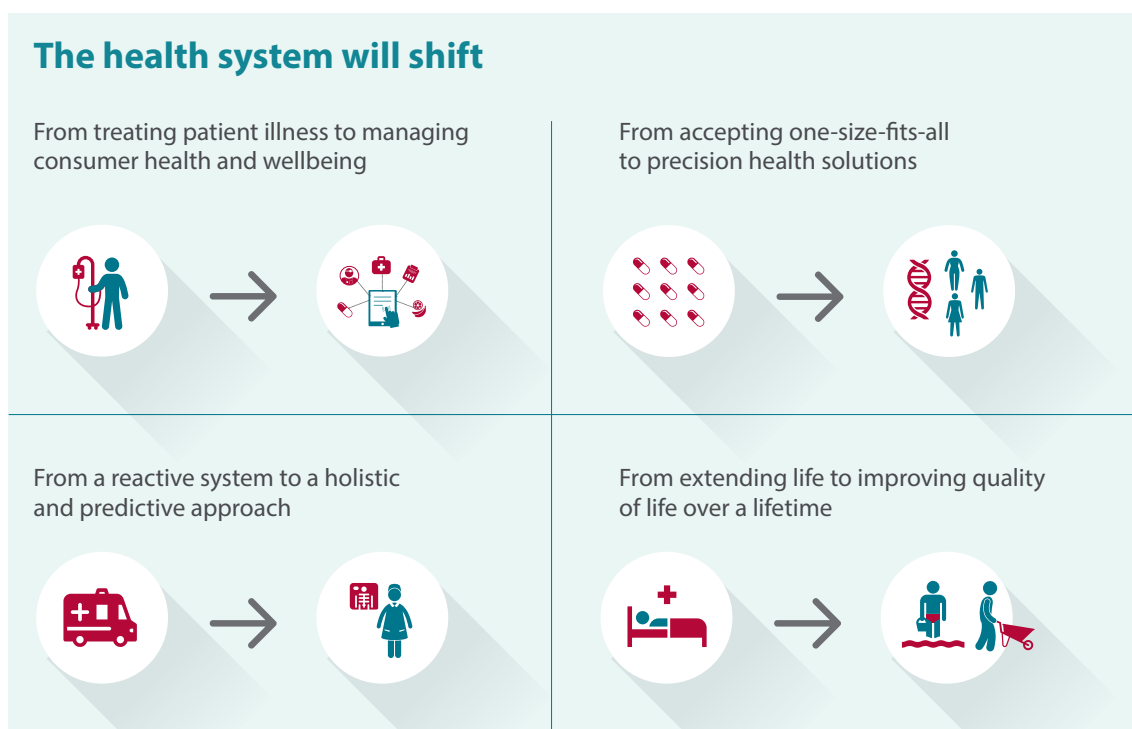
Medicines are the most common intervention in health care,¹⁰ and as people live longer, they are taking more medicines to prevent and manage chronic health conditions than ever before.¹ This increase the challenge of protecting individuals'

medicine safety, as well as supporting effective medicine therapy which maximises quality of life.

As Australia's population and health needs change, Australia's health system will change with it. The CSIRO's *Future of Health* report¹¹ describes major system changes which will influence the role of pharmacists over the next 10-15 years, including a shift from:

- treating illness to managing health and wellbeing
- a 'one-size-fits-all' approach to personalised individual health solutions
- being reactive to more holistic and predictive
- focusing on extending life to focussing on improving quality of life over a whole lifetime.

Figure 2. Australian health system changes in next 5-10 years¹¹



THE EVOLVING ROLE OF PHARMACISTS

The beginnings of this shift are already happening, and pharmacists' roles are beginning to evolve with it, such as supporting population health initiatives (e.g. vaccination) and growing role in preventative health, medicines safety, clinical governance and stewardship activities.^{3,11}

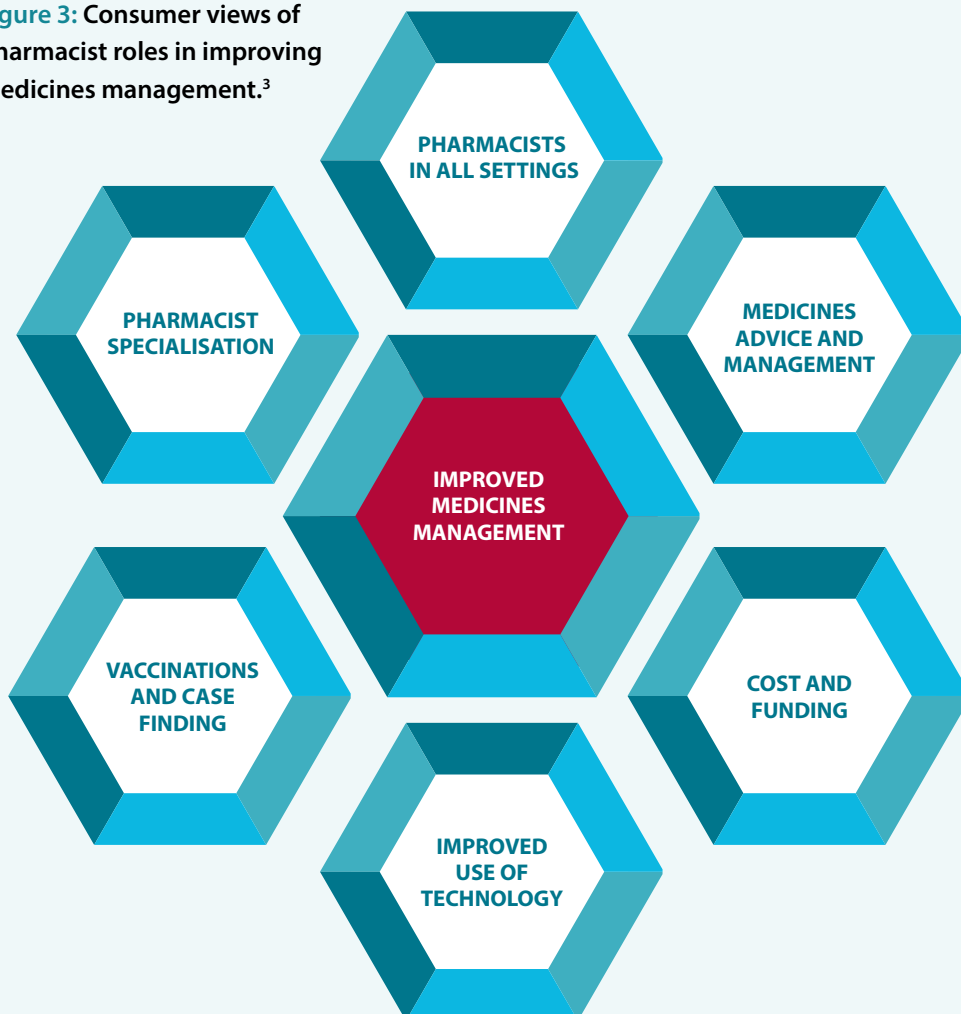
Pharmacists will need to continue to support this shift. The enablers for this to occur will be system changes which unlock the potential of pharmacists to practise to their full scope. *Pharmacists in 2023*³ describes this role (Appendix 1 & 2) evolving through:

- empowerment to be more responsible and accountable for medicines safety and management
- increased integration and effective collaboration with other members of a person's health team

- increased connectivity to health information, such as digital health records
- increased patient access to pharmacist vaccination, collaborative prescribing, chronic disease support
- increased consumer access to pharmacists, across more practice settings, geographical locations and increased hours of operation.
- enhanced expertise in medicines and health as research, patient populations, advanced practice credentials and community needs and preferences evolve
- increasingly customised and personalised pharmacist care which focuses on individual patient solutions.

This role evolution will see pharmacists practising at increasingly advanced levels.

Figure 3: Consumer views of pharmacist roles in improving medicines management.³



PHARMACIST ADVANCED PRACTICE

'Advanced' pharmacy practice is a function of the depth of expertise or performance level of a pharmacist.⁵

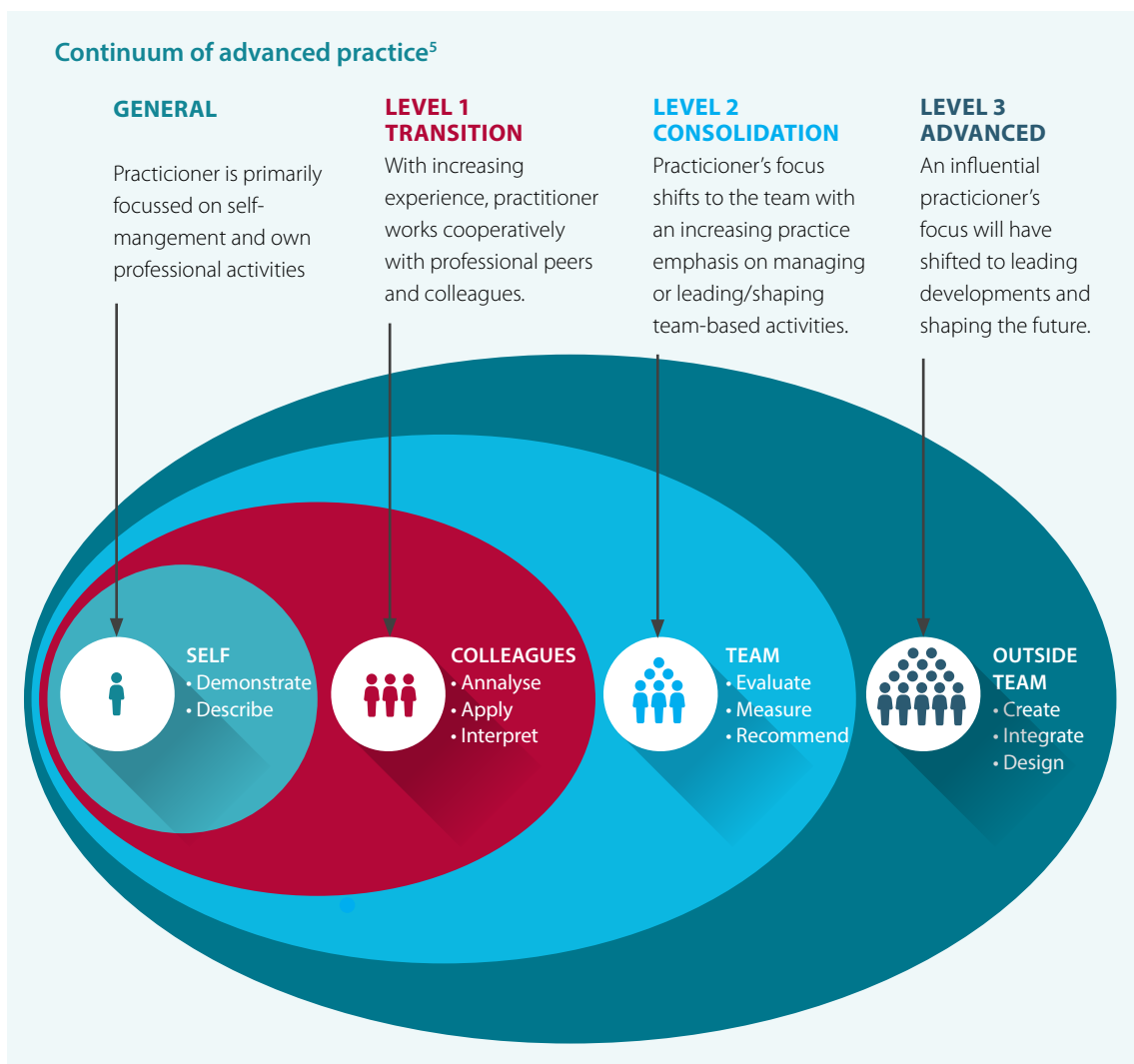
Professional practice is a continuum, where a pharmacist moves from the point of entry to the profession towards advanced practice by acquiring expertise. Figure 4 shows progression in performance level from General level through the advanced practice continuum to Advanced level – Stage 3.

This continuum is a measure of the development and impact of a pharmacist. It is therefore

reasonable to consider this in determining appropriate remuneration for a role. For example, advanced practice can be used to:

- demonstrate skill, expertise and performance to potential employers or to organisations looking to engage pharmacist expertise.
- differentiate depth of expertise, which can support higher remuneration.

Advanced practice applies to the domains the pharmacists is advanced in. For example, a pharmacist may be an advanced practitioner in areas such as pharmacy management, diabetes, community pharmacy or hospital oncology or geriatrics.





THE ROLES OF PHARMACISTS APPROACHING 2023





'This report describes pharmacists' roles which interface directly with health consumers and focuses on how these roles impact on their health.

Activities and responsibilities will expand in depth and breadth as system changes occur. PSA believes that by 2023, the depth and impact of pharmacist practice, across all areas described in Table 1, will have a greater impact than it does today. Breaking down barriers to pharmacists practicing to full scope will mean that by 2023, the likely scope of pharmacists' working in patient-care roles will include the following:

Each of the roles described in this report examines:

- **Role characteristics:** including activities associated with the role, their impact on patient care, responsibilities/accountabilities and the practice environment, including how this will evolve through to 2023
- **Recognition:** Skills, expertise, training and attributes required for role
- **Remuneration:** Typical salary range of role, based on available data and analysis. Other aspects of remuneration and conditions associated with the role are also discussed.

Table 1: Role of pharmacists in patient-care roles in 2019 and beyond

Supply of medicines 	Patient-level activities 	Clinical governance 	Education and training 
<ul style="list-style-type: none"> • Dispense prescribed medicines • Compound medicines for an individual patient • Provide non-prescription medicines • Facilitate complex supply arrangements, such as staged supply, dose administration aids and remote supply • Administer medicines, such as opioid substitution therapy and vaccinations • Procurement of medicines and therapeutic devices 	<ul style="list-style-type: none"> • 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 • Support or lead chronic disease medication management consultations • Undertake assessment or referral in primary care • Medicine reconciliation through transition of care • Prescribe medicines within scope of practice 	<ul style="list-style-type: none"> • 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 to reduce the risk of medicine misadventure • Promote and enhance the uptake of electronic and self-directed care at a systems level. • Improve the quality prescribing, such as high-risk medicines or high cost therapies including biologics. • Lead and undertake research which informs and improves medicine use 	<ul style="list-style-type: none"> • Develop and lead education and training processes related to quality use of medicines • Deliver education sessions (such as new evidence, guidelines and therapies) • Respond to medicine information queries from other health professionals regarding patients (e.g. switching anticoagulants, antidepressants, opioid equivalence) • Education of undergraduate and postgraduate health professional students.

PHARMACIST REMUNERATION

Remuneration for Australian pharmacists does not in the main reflect their skills, training, expertise or responsibility in the healthcare system. The average hourly pay rate for community pharmacists is well below that of professions with comparative levels of professional responsibility and training.¹²

An over-reliance on the limited funding available for services and other expanded roles within the Community Pharmacy Agreement has limited growth opportunities for remuneration.

The pharmacy profession has not been broadly successful in advocating for additional funding mechanisms such as through the Medicare Benefits Schedule (MBS) or through Primary Health Networks (PHNs).

There are positive signs however that remuneration is improving. A recent decision of the Fair Work Commission^{13,14} recognised a substantive increase in the work value of community pharmacists has occurred since 1998 when work value was last reviewed. These decisions specifically recognised, among other factors, an increased complexity, accountability and responsibility of community pharmacists' role over the past two decades.

Similarly, hospital pharmacists have broadened and stratified their pharmacist clinical structure in recent years, supporting stronger clinical governance, quality standards and research.

This has created clearer career pathways through

initiatives such as residency programs.

It has similarly created clearer remuneration structures to recognise pharmacists for increasing responsibility within the hospital environment.

PSA has also helped describe new remunerated roles for pharmacists, including leading a number of ground-breaking projects embedding pharmacists in general practice, Aboriginal Community Controlled Health Organisations (ACCHOs) and residential aged care facilities. Advocacy for MBS item numbers has recently been supported by a positive recommendation for pharmacists to access allied health MBS items.¹⁵

As the complexity of pharmacy practice increases with the evolving needs of the health system, pharmacists need properly remunerated and supported career pathways which not only requires them to maintain their competence, but to build on that competence through the advanced practice framework.

CREATING A BETTER REMUNERATION FRAMEWORK

*Pharmacists in 2023*³ Action 7 (workforce development) and Action 8 (remuneration) (Appendix II) describe changes which must occur to support a pharmacy workforce to meet the challenges of Australia's future health needs. For these population health needs to be met, there needs to be an increase in total remuneration for the pharmacy sector – to fund more patient-focused professional activities, as well as an increase in the salaried remuneration that is afforded to pharmacists – to support growth, performance over time and improved healthcare outcomes.

Funding mechanisms need to recognise the value and quality of pharmacist care, regardless of practice setting.³ This can be achieved through incentivising achievement of quality metrics, benchmarks and outcomes, as well as directly recognising the time and

expertise dedicated to clinical activities. The advanced practice framework provides a mechanism by which pharmacist expertise can be externally recognised and embedded within remuneration structures.

Advancing practice provides pharmacists with a step-by-step pathway to continuously grow in their practice. It provides employers with a structure to attract the right people in the right roles. It provides a pathway which motivates, maintains and retains the best and brightest in the profession and supports all practitioners to be the best pharmacist they endeavour to be. This pathway needs to be in place to support practice development over the coming years.

By 2023, PSA believes pharmacist's remuneration should evolve to recognise their skills and expertise through the following minimum salary bandings:



Pharmacist level of advanced practice [^]	Years and area of experience [®]	Indicative hourly minimum rate banding (excluding superannuation)	Indicative annual minimum salary banding (excluding superannuation)
Foundation	General pharmacist registration	\$38.30 to \$47.90	\$80 000 to \$100 000
Advanced practice Level I (transition)	2-3 years general pharmacy practice experience ¹⁶	\$47.90 to \$54.47	\$100 000 to \$120 000
Advanced practice Level II (consolidation)	2-5 years' experience in the defined area of practice ¹⁶	\$54.47 to \$67.05	\$120 000 to \$140 000
Advanced practice Level III (advanced)	More than 5 years' experience in the defined area of practice ¹⁶	\$67.05 and above	\$140 000 and above

[^] excludes overtime, penalty rates and loadings.

[®] Indicative experience required to progress through advanced practice pathway, in addition to post-registration qualifications, scope of practice experience and competency demonstration requirements.

In parallel to ensuring that remuneration structures support and encourage practitioner development, PSA will work with relevant professional organisations such as the Society of Hospital Pharmacists of Australia (SHPA) to cement an advanced practice recognition program to support remuneration of pharmacists that supports their development and recognises their training, skills and expertise.

ROLE DESCRIPTIONS: NOW AND IN 2023

	COMMUNITY PHARMACIST	HOSPITAL PHARMACIST	GENERAL PRACTICE PHARMACIST
Key functions	Pharmacist practising in a community pharmacy	Pharmacist practising in a hospital	Pharmacist embedded within the primary care team at a general practice
ROLES			
Current role (2019)	Supply of medicines  <ul style="list-style-type: none"> Dispensing prescribed medicines, including counselling Support complex supply of medicines, such as DAAs Appropriately prescribe non-prescription medicines Compounding medicines Procurement of medicines 	<ul style="list-style-type: none"> Dispensing prescribed medicines, including counselling Preparation of chemotherapy, sterile and non-sterile products Procurement of medicines 	Not applicable
	Patient-level activities  <ul style="list-style-type: none"> Triage and referral of patient symptoms Administer opioid substitution therapy# Administer vaccines* Medicine use reviews Preventative health services, including screening/case detection, weight management, smoking cessation services etc. Facilitate continuity of medicines at transitions of care 	<ul style="list-style-type: none"> Medicine reconciliation, including clinical review Clinical review of medicine management Medicine counselling Transition of care liaison Therapeutic drug monitoring and dose adjustment Participation in team rounds, and multidisciplinary team meetings Outpatient outreach clinics 	<ul style="list-style-type: none"> Consultations to identify and resolve medicine problems and improve medicine use Medicine reconciliation and liaison at transitions of care Liaison with patient's regular community pharmacy Medicine counselling and patient education Preventative health interventions (e.g. smoking, point-of-care testing etc.) Case conferencing
	Clinical governance  <ul style="list-style-type: none"> Participation in quality accreditation program Data provision to externally funded programs and regulatory authorities 	<ul style="list-style-type: none"> Lead medicine safety systems, such as medicine safety committees and maintaining drug formularies Stewardship programs (e.g. opioids, antimicrobials) Lead achievement of medicines-related accreditation program requirements Contribute to practice based research and clinical trials 	<ul style="list-style-type: none"> Drug use evaluation audits of medicine for prescribing within the general practice Support medicines practice accreditation requirements Initiate and lead in-practice medicines related research
	Education and training  <ul style="list-style-type: none"> Engage consumers in health promotion initiatives Education of undergraduate and postgraduate pharmacy students 	<ul style="list-style-type: none"> Provide drug information service Support patient clinics and health promotion activities Medicine education Education of undergraduate and postgraduate health professional students 	<ul style="list-style-type: none"> Doctors, practice staff and community medicine education Medicine information resource to team Education of undergraduate and postgraduate health professional students
	Qualifications, skills and training	General registration#	General registration Masters Clinical Pharmacy advantageous

SUMMARY TABLE

AGED CARE PHARMACIST	ABORIGINAL HEALTH SERVICE PHARMACIST	CREDENTIALLED PHARMACIST
Pharmacist embedded in a residential aged care facility	Pharmacist embedded in an Aboriginal health service	Pharmacist independently providing services to consumers or organisations as consultant
Not applicable	Generally not applicable Advise on and facilitate clients access to medicines, such as through community pharmacy	Not applicable
<p>Patient rounds, including clinical review and staff support</p> <p>Case conferencing of resident with care team (doctors, nurses, family etc.), focussing on medicine use</p> <p>Liaison with community pharmacy on patient profiles and maintaining continuity of medicine supply</p> <p>Facilitate continuity of medicines at transitions of care</p>	<p>Medicine adherence assessment & support</p> <p>Preventative health interventions (e.g. smoking)</p> <p>Case conferencing with care team</p> <p>Facilitate medicine reviews</p> <p>Transition of care liaison, including medicines reconciliation and liaising with community pharmacy</p>	<p>Comprehensive medicine management reviews (such as Home Medicine Reviews)</p> <p>Medicine's consultant to consumers in a specialised area (e.g. geriatrics, disability etc.)</p> <p>Activities as a credentialed diabetes/asthma educator, such as case conferencing, prescribing support or medicine reviews relevant to conditions in area of expertise</p>
<p>Opioid, antipsychotic, benzodiazepine and antimicrobial stewardship</p> <p>Drug use evaluation audits</p> <p>Lead quality activities, such as review of policies/ procedures and maintaining formularies and leading medicines advisory committees</p>	<p>Drug use evaluation audits and systemic review with multidisciplinary team (e.g. antimicrobial stewardship)</p> <p>Lead quality activities, such as review of policies/ procedures and maintaining formularies</p> <p>Support health services meet accreditation requirements</p>	<p>Provide consulting services to institutions to review and improve medicines use (QUM services), supporting best practice patient management</p>
<p>Medicine information resource to nurses and facility staff medicine education</p> <p>Education of undergraduate and postgraduate health professional students</p>	<p>Medicine education to consumers & ACCHO team</p> <p>Medicine information resource for staff</p> <p>Participate in health promotion activities</p> <p>Education of undergraduate and postgraduate health professional students</p>	<p>Delivery of clinical continuing professional development to pharmacists and other health professionals</p> <p>Development and review of clinical guidelines</p>
<p>General registration</p> <p>>2 years pharmacist experience desirable</p> <p>Accreditation desirable for medicine management reviews</p>	<p>General registration</p> <p>>2 years pharmacist experience desirable</p> <p>Accreditation desirable for medicine management reviews</p>	<p>General registration</p> <p>Accreditation to undertake medicine reviews</p> <p>Credential relevant to role</p>

	COMMUNITY PHARMACIST	HOSPITAL PHARMACIST	GENERAL PRACTICE PHARMACIST
Key functions	Pharmacist practising in a community pharmacy	Pharmacist practising in a hospital	Pharmacist embedded within the primary care team at a general practice
ROLES			
Future (2023)	<p>Changes to role by 2023</p> <p>Increased medicine safety role through access to digital health records, quality indicators, secure messaging, inter-professional collaboration and effective pharmacovigilance systems.</p> <p>Increased prescribing role, such as maintaining supply of existing therapy or dose adjustment</p> <p>Increased vaccination, including travel health, childhood vaccination</p> <p>Increased administration of medicines role</p> <p>Increased triage and referral through formalised patient consultations</p> <p>Greater participation and engagement in clinical governance systems</p> <p>Technological transformation, particularly in consumer records</p> <p>Greater involvement in patient care, such as case conferencing and coordinating medicine management services</p>	<p>Greater autonomy in leading medicine safety through formalising collaborative prescribing such as dose adjustment, de-prescribing</p> <p>Increased availability through increased operating hours, further embedding hospital pharmacists into the 24 hour care team</p> <p>Increased involvement in outpatient clinics, providing medicines services</p> <p>Technological transformation, particularly in consumer records</p> <p>Greater role for advanced practice pharmacists, particularly in specialised areas or practice</p> <p>Personalised medicines approaches</p>	<p>Maturation of role as normative within general practices nationally, particularly in case conferencing</p> <p>Collaborative prescribing role, increasing accountability for medicine related recommendations</p>
RECOGNITION			
Value to consumers	<p>More patient-centric care through medicines expertise tailored to individuals,</p> <p>Timely, convenient, ongoing and cost-effective access to medicines</p> <p>Safeguard consumers against medicine misadventure from inappropriate prescribing</p> <p>Effective management of minor ailments, including referral where required</p> <p>Support preventative health</p>	<p>Improved safety and effectiveness of medicines administered at, or supplied from hospitals</p> <p>More confidence, safety and clarity in using medicines, including when transferring in and out of hospital</p> <p>Shorter hospital stays</p> <p>Less likely to be readmitted post-discharge due to a medicine related problem</p>	<p>Improved quality of prescribing, including deprescribing unnecessary medicines through a team approach</p> <p>Reduced polypharmacy and optimise medication regimens</p> <p>Improved consumer understanding, confidence and knowledge of medicines</p>
REMUNERATION			
Indicative salary range in 2023 (FTE ex. super)	<p>Foundation: \$80 000 to \$100 000</p> <p>Advanced practice Level I (transition): \$100 000 to \$120 000</p> <p>Advanced practice Level II (consolidation): \$120 000 to \$140 000</p> <p>Advanced practice Level III (advanced): \$140 000 and above</p>		

AGED CARE PHARMACIST	ABORIGINAL HEALTH SERVICE PHARMACIST	CREDENTIALLED PHARMACIST
Pharmacist embedded in a residential aged care facility	Pharmacist embedded in an Aboriginal health service	Pharmacist independently providing services to consumers or organisations as consultant
<p>Maturation of role as normative within aged care facilities nationally, particularly in stewardship of opioid, antipsychotic and antimicrobial use</p> <p>Collaborative prescribing role, increasing accountability for medicine related recommendations</p>	<p>Maturation of role as normative within Aboriginal health services nationally, particularly in case conferencing</p> <p>Collaborative prescribing role, increasing accountability for medicine related recommendations</p>	<p>Evolution of role in advanced practice, positively supporting medicine safety, particularly in areas of specialisation</p> <p>Collaborative prescribing role, increasing accountability for medicine related recommendations</p>
<p>Deprescribing of unnecessary medicines</p> <p>Reduced unnecessary use of antipsychotic, antibiotic, benzodiazepine and opioid medicines</p> <p>Improved cognitive function and quality of life through improved medicine use</p> <p>Residents, families and staff more empowered in medicine use</p>	<p>Improved consumer self-determination, understanding, confidence and knowledge with medicines use</p> <p>Increased access to pharmacist expertise in a culturally safe environment</p> <p>Improved medicine adherence, health literacy and quality of life</p> <p>Improve quality of prescribing</p>	<p>Increased access to advanced pharmacist expertise to identify and resolve medicine related problems</p> <p>Improved consumer understanding, confidence and knowledge of medicines</p>





* Additional training required # Additional training mandatory in some jurisdictions

General registration requires Bachelor of Pharmacy or Masters of Pharmacy, Intern Training Program and maintenance of ongoing continuing professional development relevant to scope of practice.

In most cases where roles require > 2 years' experience or where there are specific training requirements pharmacists should expect entry remuneration to those roles should be higher than other comparable roles.

COMMUNITY PHARMACIST

DESCRIPTION Pharmacist practising in a community pharmacy. This includes pharmacist, pharmacist-in-charge, pharmacist manager and pharmacy owner roles.

ROLE	
CURRENT ROLE (2019)	
<p>Supply of medicines</p> 	<ul style="list-style-type: none"> • Dispense medicines: The safe supply of medicines prescribed in primary care, residential aged care and hospital outpatients. This includes review of medicine safety and medicine counselling which empowers the consumer to use their medicine safely and effectively • Facilitate complex supply arrangements; such as dose administration aids, clozapine dispensing, and staged supply to improve patient safety and medicine adherence • Facilitate ongoing supply of medicines; through continued dispensing and emergency supply • Appropriately prescribe non-prescription medicines; including review of safety, therapeutic need and provision of tailored counselling • Preparation of compounded medicines; including review of product formula. • Procurement of medicines, including S100 and Special Access Scheme medicines
<p>Patient-level activities</p> 	<ul style="list-style-type: none"> • Triage and referral of patient symptoms, including self-limiting conditions (e.g. indigestion), flare-up of chronic conditions (e.g. asthma) • Administer opioid substitution therapy# • Administer vaccines*; such as influenza and pertussis in the pharmacy • Medicine use reviews; patient-centred review and discussion of medicine regimen with a focus on adherence and empowering self-management of chronic health conditions • Preventative health services: Including weight management, smoking cessation or identification of possible cases of chronic health conditions (e.g. diabetes, depression, COPD), which may include including point of care testing (where relevant). Potential cases are referred for diagnosis and appropriate management • Facilitate continuity of medicines at transitions of care
<p>Clinical governance</p> 	<ul style="list-style-type: none"> • Participation in quality accreditation programs (e.g. Quality Care Pharmacy Program)¹⁷ • Provision of data to externally funded programs to contribute to quality monitoring and evaluation activities.
<p>Education and training</p> 	<ul style="list-style-type: none"> • Engage consumers in health promotion initiatives; this could include supporting national campaigns (e.g. smoking cessation, vaccination, diabetes, weight management) • Education of undergraduate and postgraduate pharmacy students, such as through professional placements or employment.
<p>Qualifications, skills and training</p>	<p>Requires the knowledge and skills developed in a Bachelor of Pharmacy or Masters of Pharmacy, intern training program and ongoing continual professional development post-initial registration.</p> <p>General pharmacist registration with AHPRA</p> <p>Recognised pharmacist-vaccinator course (to provide vaccination services)</p>
<p>Responsibility and accountability</p>	<p>Medicine safety of consumers accessing community pharmacy service</p> <p>Custody of medicines, including Controlled Drugs (e.g. morphine), Prescription Only Medicines, Pharmacist Only Medicines and Pharmacy Medicines.</p>

FUTURE ROLE (2023)

<p>Changes to role by 2023</p>	<p>Increased medicine safety role through:</p> <ul style="list-style-type: none"> • access to electronic health records; improving ability to identify, pre-empt and resolve drug related problems • quality indicators; demonstrating and incentivising clinical performance at an individual practitioner level • secure messaging; improving connectivity with other health providers who contribute to therapeutic decisions of patients • inter-professional collaboration; connection the health team to provide more holistic care • effective pharmacovigilance systems; informing guidelines, government policy, regulators demonstrating pharmacist contribution at a collective level • increased prescribing role in a protocol or collaborative model, such as maintaining supply of existing therapy, deprescribing or dose adjustment • increased immunisation role, including travel health and childhood vaccination • increased triage and referral through formalised patient consultations. This role will also increase through greater access to health records and opportunistic identification through enhanced medicine safety role. • increased clinical governance role, focussing patient care on indicators of quality care or indicators of patient health impact. Leadership and oversight at a pharmacy level may require more advanced practice in patient care, leadership and management practice. • technological transformation, particularly in shift towards shared electronic systems (e.g. MHR, PSML)¹⁸
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<p>Development pathway required for evolved role</p>	<p>Prescribing Schedule 4 medicines: collaborative prescribing endorsement via recognised certification pathway</p> <p>Advanced practice credentialing provides pathways to mastery of clinical skills and outcome</p> <p>Ongoing continual professional development</p>
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RECOGNITION

<p>Value to consumers</p>	<ul style="list-style-type: none"> • More patient-centric care through timely access to medicines and quality advice, supporting self-care. 87% of Australians are able to access a community pharmacist's services within 2.5km of their home; and generally for longer hours than other primary health providers.¹⁹ • Safeguard consumers against medicine misadventure from inappropriate prescribing • Effective management of minor ailments, triaging, treating and referring for further care where required. • Support preventative health
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REMUNERATION

<p>Indicative salary in 2023 (ex. super)</p>	<ul style="list-style-type: none"> • Foundation \$80 000 to \$100 000 • Advanced practice Level I (transition) \$100 000 to \$120 000 • Advanced practice Level II (consolidation) \$120 000 to \$140 000 • Advanced practice Level III (advanced) \$140 000 and above
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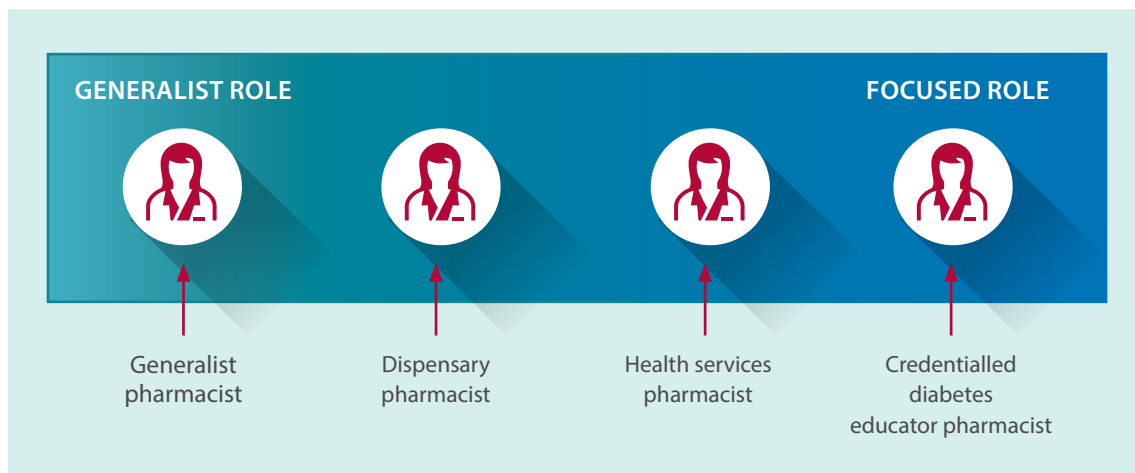
ROLES WITHIN COMMUNITY PHARMACY

The roles of pharmacists in community pharmacy vary depending on the size, structure and business strategy of the community pharmacy. While all roles draw on the functions described above, some roles are more focussed in their scope than others. Some roles require a more advanced level of practice than others (see Advanced Practice, page 11).

Generalist pharmacist: practice spanning all functions of community pharmacy, predominantly including supply of medicines and patient-level activities which support safe and appropriate medicine use as well as other health services (e.g. case detection).

Dispensary pharmacist leader: in larger pharmacies, pharmacist roles may be dedicated to dispensing services overseeing safe and effective supply of prescribed medicines. As pharmacists are supported to take more responsibility for medicine safety, these roles will take on a greater clinical governance accountability through measurable medicine safety and quality initiatives.





Health services pharmacist: This role typically focusses on delivering non-dispensing health services within the pharmacy to allow for longer consultation services (e.g. medicine review services. Pharmacists may perform this role as their primary role, or during designated times to support rostering and workflow.





HOSPITAL PHARMACIST

DESCRIPTION Hospital pharmacist practising within a public or private hospital.

ROLE	
CURRENT ROLE (2019)	
<p>Supply of medicines</p> 	<ul style="list-style-type: none"> • Dispensing prescribed medicines for hospital inpatients (e.g. medical ward) and outpatients (e.g. renal clinic) • Supply of imprest medicines to hospital wards and clinics • Preparation of chemotherapy or sterile products (e.g. TPN, iron infusions, anti-rejection agents, eye drops etc.) in specialised laminar flow clean-rooms. • Preparation of non-sterile compounded medicines • Procuring medicines, particularly in relating to Special Access Scheme, compassionate supply programs and out-of-stock medicines
<p>Patient-level activities</p> 	<ul style="list-style-type: none"> • Medication reconciliation: confirming and reconciling medicine regimen at admission, discharge and other transfers-of-care to ensure medicines are appropriately continued, stopped or restarted • Clinical review: initial and regular review of medicines and patient specific information (observations, pathology, investigations) to identify actual and potential medicine related issues, therapeutic drug monitoring and adverse drug reaction management. Following review, pharmacists make recommendations to the patient's medication management plan • Providing medicines information to patients and carers (e.g. medicine counselling for new or changed medicines such as warfarin, other anticoagulants, inhalers etc.) • Facilitate continuity of medicines at transitions of care through liaison with community pharmacy, GP, patient and their hospital care team • Participate in interdisciplinary care team or ward rounds/meetings.²⁰ • Outreach pharmacist services, such as outpatient clinics and discharge follow up. This may include focussed care, such as pain clinics, or support to general medicine outpatient team.
<p>Clinical governance</p> 	<ul style="list-style-type: none"> • Lead medicine safety committees and hospital formulary committees to implement and refine processes which increase medicine safety, efficacy and cost-effectiveness, consistent with relevant standards, organisational strategy and targets • Audit of medicine management systems; Supports improvements in clinical practice by conducting Drug Utilisation Reviews (DURs), Drug Use Evaluations (DUEs) and Quality Use of Medicines (QUM) projects. • Lead and participate in stewardship programs (e.g. antimicrobial, opioid) to promote rational use of medicines, reduce unnecessary or prolonged use and limit patient harm and the progression of antibiotic resistance • Actively contribute to and review incident and near miss reporting to support system improvement²¹ • Develop and contribute to hospital policies and procedures to ensure safe and effective prescribing, administration and monitoring of medicines, including achievement of accreditation standard requirements. • Lead or support practice research and clinical trials
<p>Education and training</p> 	<ul style="list-style-type: none"> • Drug information service hospital: Responding to medicine information queries from clinicians and the wider community. This includes questions relating to medication formulas, medication availability, poisons information and specific medication concerns from (e.g. injectable to oral conversion dosing, case reports of adverse events, emerging literature on efficacy of new medicines, off label use, safety in pregnancy and breastfeeding etc.). • Support patient clinics and health promotion activities • Educate and engage hospital staff and students on medicines and medicine safety initiatives (e.g. medicine handling, administration, eMMS, safety profile of new medicines etc.)

CURRENT ROLE (2019) Cont.	
Qualifications, skills and training	<p>Requires the knowledge and skills developed in a Bachelor of Pharmacy or Masters of Pharmacy, intern training program and ongoing continual professional development post-initial registration.</p> <p>General pharmacist registration with AHPRA</p> <p>Masters Clinical Pharmacy advantageous</p> <p>Internal training for some roles (e.g. accreditation for compounding sterile medicines)</p>
Responsibility and accountability	<p>Ensuring the safe and effective use of medicines for consumers accessing hospital services, such as inpatients and outpatients.</p> <p>Custody of medicines</p>

FUTURE ROLE (2023)	
Changes to role by 2023	<p>Greater autonomy in leading medicine safety through collaborative prescribing such as dose adjustment, de-prescribing, therapeutic substitution and medicine reconciliation.</p> <p>Increased availability through extended operating hours, further embedding hospital pharmacists into the 24 hour care team</p> <p>Increased safety impact in clinical governance at a whole-of-hospital level</p> <p>Increased availability in all clinical settings, including specialist outpatient clinics, operating theatres, emergency departments and hospital outreach programs</p> <p>Technological transformation, particularly in digitisation of patient records (e.g. eMMS) and automation of hospital medicine distribution systems.</p> <p>Greater pharmacist accountability and impact on supporting safe and effective medicine use through more advanced practice roles. The evolution of these roles will be supported by improved formal training pathways (e.g. foundation and advanced training residencies)</p> <p>More personalised patient medicines approaches</p>
Development pathway required for evolved role	<p>Progression through hospital residency and advancing practice pathways</p> <p>Ongoing CPD, particularly in areas of system transformation such as electronic medicine management systems (eMMS)</p>

RECOGNITION





Value to consumers	<ul style="list-style-type: none"> • Increased safety and effectiveness of medicines administered at, or supplied from hospitals • Reduce treatment delays through supporting timely access to medicines • Medicine reconciliation in emergency departments has a positive impact on accuracy and reduced discrepancy in prescribing.²² This increased patient confidence and medicine safety when transferring in and out of hospital. • Decreased length of hospital stay²³ • Reduced likelihood of returning to hospital after discharge due to medicines related problems
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REMUNERATION

Indicative salary in 2023 (ex. super)	<ul style="list-style-type: none"> • Foundation \$80 000 to \$100 000 • Advanced practice Level I (transition) \$100 000 to \$120 000 • Advanced practice Level II (consolidation) \$120 000 to \$140 000 • Advanced practice Level III (advanced) \$140 000 and above
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GENERAL PRACTICE PHARMACIST

DESCRIPTION Pharmacist embedded within the primary care team at a general practice.

ROLE	
CURRENT ROLE (2019)	
<p>Supply of medicines</p> 	<p>Not applicable – Dispensing medicines is not part of the role of general practice pharmacists.</p>
<p>Patient-level activities</p> 	<ul style="list-style-type: none"> • Consultations: Providing in-practice General Practitioner (GP) referred, patient requested or pharmacist-identified medicines consultations. These consultations can support activities described below, or be in response to specific patient or GP identified medicines related concerns. • Medicine misadventure: Identifying, documenting and following-up with patients regarding adverse drug events. Adverse events may be identified through review of patient records or referral by other practitioners within the practice. • Medicine reconciliation: Collaborating with community and hospital pharmacists to maximise medication reconciliation and management strategies. Though could include identifying missing or duplicate medicines, recommending ceasing unnecessary medicines or rationalising multiple medicines (e.g. opioids) into a simpler medicine regimen. • Patient education: Talking to patients about medicines related issues, including disease prevention, medicines adherence (e.g. appropriate dose times, inhaler techniques) • Preventative care interventions: Such as undertaking point-of-care tests (e.g. blood glucose, INR, blood pressure) to support medication management and smoking cessation counselling. • Team-based collaboration: Pharmacist participation in clinic activities that support team-based chronic disease care plans (case conferencing).
<p>Clinical governance</p> 	<ul style="list-style-type: none"> • Practice drug use evaluation audits: Supports improvements in clinical practice by conducting Drug Utilisation Reviews (DURs) and Drug Use Evaluations (DUEs). • Support RACGP standards and accreditation: This may include audits of accuracy of data regarding medicines in software (i.e. medication reconciliation, medicines samples, disposal procedures for cytotoxic medicines etc.). • Research: Identify, initiate and conduct in-practice research activities.
<p>Education and training</p> 	<ul style="list-style-type: none"> • Group training: Delivering education sessions (including new evidence, guidelines and therapies) to doctors and practice staff • Individual training: Providing tailored medication education sessions to medical students and general practice registrars. • Medicine information resource to team: Responding to medicine information queries including; questions relating to medication formulas, medication availability and specific medication concerns from GPs (e.g. switching anticoagulants, antidepressants, opioid equivalence).
<p>Qualifications, skills and training</p>	<p>Requires the knowledge and skills developed in a Bachelor of Pharmacy or Masters of Pharmacy, intern training program and ongoing continual professional development post-initial registration.</p> <p>General pharmacist registration with AHPRA</p> <p>>2 years pharmacist experience (extremely desirable)</p> <p>Accreditation to undertake medication reviews desirable</p> <p>Holding or working towards postgraduate clinical pharmacy, advanced practice, diabetes educator or asthma educator credentials advantageous</p>
<p>Responsibility and accountability</p>	<p>Medicine safety and medicine regimens of consumers accessing care from the general practice</p>

FUTURE ROLE (2023)

<p>Changes to role by 2023</p>	<p>Maturation of role as normative within general practices nationally, particularly in case conferencing. This will be accelerated through pharmacist access to the Medicare Benefits Schedule for chronic disease management plans, direct commissioning and other practice changes.</p> <p>Closer collaboration with doctors and an associated increase in autonomy through collaborative prescribing arrangements, increasing accountability for actioning medicine related recommendations (e.g. deprescribing, dose adjustment etc.).</p>
<p>Development pathway required for evolved role</p>	<p>Prescribing Schedule 4 medicines: collaborative prescribing endorsement via recognised certification pathway</p> <p>Advanced practice credentialing provides pathways to mastery of clinical skills and outcome</p> <p>Ongoing continual professional development</p>

RECOGNITION





<p>Value to consumers</p>	<p>Pharmacists working in general practice work within a team that puts the patient at the centre. This teamwork directly benefits patients through:</p> <ul style="list-style-type: none"> • Deprescribing of unnecessary medicines, medicines that have questionable risk versus benefit, and medicines that may cause adverse effects and reduced quality of life • Higher quality doctor prescribing from access to high quality medicines information at the time of prescribing • Reduced underuse of medicines that impact the risk of health events such as heart attack and stroke • Improved consumer understanding through more time to talk to a professional within a general practice about medicines, helping increasing consumer confidence in medicine use and providing a more patient-centred approach to care • Increased consumer knowledge of health conditions and medicines, leading to improved medicine adherence.
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REMUNERATION

<p>Indicative salary in 2023 (ex. super)</p>	<ul style="list-style-type: none"> • Foundation \$80 000 to \$100 000 • Advanced practice Level I (transition) \$100 000 to \$120 000 • Advanced practice Level II (consolidation) \$120 000 to \$140 000 • Advanced practice Level III (advanced) \$140 000 and above
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RESIDENTIAL AGED CARE FACILITY PHARMACIST

DESCRIPTION Aged care pharmacists are embedded within the residential aged care facility to oversee medicine safety and quality prescribing within the facility. By being a part of the care team, pharmacists can directly influence medicine use and improve quality of life for residents.

ROLE	
CURRENT ROLE (2019)	
Supply of medicines 	<p>Not applicable – Dispensing or supplying medicines is not part of the role of a residential aged care facility pharmacist</p>
Patient-level activities 	<ul style="list-style-type: none"> • Clinical review: Identify, resolve, prevent and monitor medicine related problems in chart reviews, particularly at times of medicine changes or during observations during patient medication rounds. This may include, for example, review dose form of medicines with nursing staff • Comprehensive medicine review: review and follow up of identified medicine related problems thorough structured medicine review, including via case conferencing • Liaison with community pharmacy: Coordination of DAA medicine profiles, continuity of medicine supply and enabling smooth transitions of care
Clinical governance 	<ul style="list-style-type: none"> • Practice drug use evaluation audits: Supports improvements in clinical practice by conducting Drug Utilisation Reviews (DURs) and Drug Use Evaluations (DUEs). These generally review use of benzodiazepine, antipsychotic, opioid and antibiotics in stewardship programs. They may also audit other safety measures such as allergy status • Quality improvement activities, such as revising drug administration protocols or safety improvements following incident reports involving medicines • Leadership on medicine use to clinical governance structures such as medicine advisory committees,.
Education and training 	<ul style="list-style-type: none"> • Medicine information resource: Individually advise facility staff on medicines and their use • Staff education: Deliver education and training to facility staff on administration and monitoring of medicines • Education of undergraduate and postgraduate health professional students
Qualifications, skills and training	<p>Requires the knowledge and skills developed in a Bachelor of Pharmacy or Masters of Pharmacy, intern training program and ongoing continual professional development post-initial registration.</p> <p>General pharmacist registration with AHPRA</p> <p>>2 years pharmacist experience (extremely desirable)</p> <p>Accreditation to undertake medication reviews desirable</p> <p>Holding or working towards postgraduate clinical pharmacy, advanced practice, diabetes educator or asthma educator credentials advantageous</p>
Responsibility and accountability	<p>Medicine safety and medicine regimens of residential aged care facility residents.</p>

FUTURE ROLE (2023)

Changes to role by 2023	<p>Maturation of role as normative within residential aged care facilities nationally, particularly in clinical governance such as medicine advisory committees. This will be accelerated through direct commissioning.</p> <p>Closer collaboration with facility staff and an increased autonomy through collaborative prescribing, increasing accountability for actioning medicine related recommendations (e.g. deprescribing, dose adjustment etc.).</p>
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Development pathway required for evolved role	<p>Prescribing Schedule 4 medicines: collaborative prescribing endorsement via recognised certification pathway</p> <p>Advanced practice credentialing provides pathways to mastery of clinical skills and outcome</p> <p>Ongoing continual professional development</p>
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RECOGNITION

Value to consumers	<p>Pharmacists working in residential aged care facilities are embedded within the resident’s care team. This teamwork directly benefits patients through:</p> <ul style="list-style-type: none"> • De-prescribing of unnecessary medicines, medicines that have questionable risk versus benefit, and medicines that may cause adverse effects and reduced quality of life. A particular focus is medicines which are linked to cognitive impairment or sedation such as benzodiazepines, opioids and antipsychotic medicines. • Providing clarity and confidence in appropriate medicine administration techniques and helping reduce number of medicines unnecessarily administered
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REMUNERATION

Indicative salary in 2023 (ex. super)	<ul style="list-style-type: none"> • Foundation \$80 000 to \$100 000 • Advanced practice Level I (transition) \$100 000 to \$120 000 • Advanced practice Level II (consolidation) \$120 000 to \$140 000 • Advanced practice Level III (advanced) \$140 000 and above
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ABORIGINAL HEALTH SERVICE PHARMACIST

DESCRIPTION An Aboriginal Health Service Practice Pharmacist is embedded within an Aboriginal Health Service's¹ primary health care team to improve medication management for patients.

The role in Aboriginal Community Controlled Health Services (ACCHSs) is service specific and adaptive to the needs of the provider in providing health care customised to the needs of their local community.²⁴

ROLE	
CURRENT ROLE (2019)	
<p>Supply of medicines</p> 	<ul style="list-style-type: none"> • Pharmacist roles in Aboriginal Health Services are generally non-dispensing roles • Oversee or assist with S100, CTG, QUMAX or Aboriginal-specific PBS medicines²⁴ • Facilitate access to medicines through advice, liaison with supplying pharmacy, patient and health service team.
<p>Patient-level activities</p> 	<ul style="list-style-type: none"> • Medicine adherence assessment and support: discuss medicine adherence with a person in a consultation and provide support and strategies to improve adherence. This could include counselling on use of inhalers, exploring health beliefs or identifying and overcoming barriers to access • Preventative health care: the provision of preventative interventions with patients, such as activities to support smoking cessation. • Team-based collaboration: Pharmacist participation in clinic activities that support team-based chronic disease care plans (case conferencing), or risk assessment (e.g. cardiovascular disease risk calculations), particularly in partnership with Aboriginal Health Workers²⁴ • Medication Management reviews: Pharmacist reviews or facilitates a review of the medicines a person has been prescribed. This could be a Home Medicines Review (HMR) or a medication management review not conducted in the patient's home. • Transitional care: Pharmacist facilitates care co-ordination with relevant community pharmacies, hospitals, transitional care, residential aged care facilities, etc. to support medicine access and medicine safety
<p>Clinical governance</p> 	<ul style="list-style-type: none"> • Drug utilisation evaluation: A systematic review of medicine usage in collaboration with the multidisciplinary team. This provides feedback to the service on opportunities to better support patients with chronic disease (e.g. missing therapy) or acute conditions (e.g. antimicrobial stewardship). • Leadership on medicine use to clinical governance structures (e.g. for review of local treatment protocols) such as review of policies and procedures relating to medicines, and mainlining medicine formularies. • Support health services meet accreditation requirements
<p>Education and training</p> 	<ul style="list-style-type: none"> • Education sessions: Supports medicine knowledge and application of this knowledge by other members of the multidisciplinary team, or consumers. This could for example include training and clinical supervision of Aboriginal Health Workers. This could be at a group level (e.g. evidence, clinical guidelines etc.) or individual level (e.g. tailored medicines education) • Medicines information service: provision of medicines related information to staff within the service, including responding to clinician medicines enquiries. • Medicine information resource to team: Responding to medicine information queries including; questions relating to medication formulas, medication availability and specific medication concerns (e.g. stability information, long-acting medicines, drug protocols etc.). • Participate in health promotion activities to improve health literacy or improve medicine use • Support education of undergraduate and postgraduate health professional students

Qualifications, skills and training	<p>Requires the knowledge and skills developed in a Bachelor of Pharmacy or Masters of Pharmacy, intern training program and ongoing continual professional development post-initial registration.</p> <p>General pharmacist registration with AHPRA</p> <p>Ongoing learning of culture and development of cultural safety and competency for working with Aboriginal and Torres Strait Islander people</p> <p>Accreditation to undertake medication reviews desirable</p> <p>>2 years pharmacist experience</p>
Responsibility and accountability	<p>Medicine safety and medicine regimens of Aboriginal and Torres Strait Islander people accessing the ACCHO's services.</p>

FUTURE ROLE (2023)

Changes to role by 2023	<p>Maturation of role as normative within Aboriginal health services nationally, particularly in relation to case conferencing</p> <p>Collaborative prescribing role, increasing accountability for medicines related recommendations</p>
Development pathway required for evolved role	<p>Prescribing Schedule 4 medicines: collaborative prescribing endorsement via recognised certification pathway</p> <p>Advanced practice credentialing provides pathways to mastery of clinical skills and outcome</p> <p>Ongoing continual professional development, including ongoing review and enhancement of induction</p>

RECOGNITION

Value to consumers	<p>Pharmacists working in Aboriginal Health Services practice within a team that puts the patient at the centre of care. Pharmacists partner with Aboriginal Health Workers, the patient, health professionals within the service and providers outside the service to support the person's health. This teamwork directly benefits Aboriginal and Torres Strait Islander clients through:</p> <ul style="list-style-type: none"> • Improving access to medicines • Improving access and engagement with medicine management services, such as medication reviews in a culturally safe environment • Increased knowledge of health conditions and medicines, which supports informed self-determination. This has a positive impact medicine adherence and medicines safety. • Supporting self-determination in medicines use
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REMUNERATION





Indicative salary in 2023 (ex. super)	<ul style="list-style-type: none"> • Foundation \$80 000 to \$100 000 • Advanced practice Level I (transition) \$100 000 to \$120 000 • Advanced practice Level II (consolidation) \$120 000 to \$140 000 • Advanced practice Level III (advanced) \$140 000 and above
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1 Aboriginal Health Services may be community controlled often referred to as Aboriginal Community Controlled Health Services (ACCHS/ACCHOs) or funded by state and territory governments.

CREDENTIALLED PHARMACIST

DESCRIPTION Pharmacist providing medicines expertise as an independent consultant. This can include undertaking medicines reviews, as well as providing other consulting services such as clinical governance activities (e.g. drug use evaluations), credentialed diabetes educator, credentialed asthma educator or provision of medicines education. This role encompasses any activities that require further credentialing and recognition to be able to perform the activities associated with that role.

Beyond the provision of medicine reviews within defined programs, the role is specific to the expertise and experience of the practitioner, and/or the needs of the provider seeking their services.

ROLE	
CURRENT ROLE (2019)	
<p>Supply of medicines</p> 	<p>Not applicable – Dispensing or supplying medicines is not generally part of the role of a consultant pharmacist</p>
<p>Patient-level activities</p> 	<ul style="list-style-type: none"> • Comprehensive medicine management reviews (such as Home Medicine Reviews): clinically review a person's medicines in collaboration with the patient and their health care team. The pharmacist works with the individual and their care team to support medicine adherence and techniques to improve the results they are achieving from their medicines. This includes preparation of a report to the prescriber, to implement the pharmacist's recommendations to improve their medicine management • Medicine's consultant to consumers in a specialised area (e.g. geriatrics, disability, asthma etc.) • Diabetes Educator or Asthma Educator activities (as an example of credentialed activities): Services associated with the role of being a diabetes educator such as patient education (one-to-one and group services), medicines review associated with diabetes and its complications, support for prescribing practitioners for diabetes management and supporting patient self-management
<p>Clinical governance</p> 	<ul style="list-style-type: none"> • Provide quality use of medicines (QUM) services to facilities and institutions as an external consultant. This could include review of processes in an aged care facility or clinical audit services. • Undertake external audits • The credentialed pharmacist may support best practice management of patients with specific conditions within a general practice, aged care facility or community pharmacy
<p>Education and training</p> 	<ul style="list-style-type: none"> • Provide education to consumers or health professionals on medicines. This could include being a speaker at health-professional conferences, expertise contributing to consumer health promotion and education activities or supporting development of online education for pharmacists. • Expert review of guidelines; engaged as a subject matter expert in area of clinical expertise to interpret research data and contribute to development and review of clinical guidelines and other practice guidance.

Qualifications, skills and training	<p>Requires the knowledge and skills developed in a Bachelor of Pharmacy or Masters of Pharmacy, intern training program and ongoing continual professional development post-initial registration.</p> <p>General pharmacist registration with AHPRA</p> <p>Advanced practice credentialing provides pathways to mastery of clinical skills and outcome, the skills for which are needed which is needed for population-level activities</p> <p>Accreditation to undertake medicine reviews, diabetes educator or asthma educator roles requires successful completion of additional training and credentialing processes.</p>
Responsibility and accountability	<p>The pharmacist is responsible and accountable for identifying, describing and resolving existing and potential medicine related problems at an individual patient-level or at a population level. In patient level activities, all significant medicine safety issues, suboptimal therapy and unnecessary medicines should be identified.</p>

FUTURE ROLE (2023)

Changes to role by 2023	<p>Evolution of role in advanced practice, positively supporting medicine safety, particularly in areas of focussed scope</p> <p>Increased number of pharmacists practising as credentialed diabetes educators, enhancing medicine safety role</p> <p>Collaborative prescribing role, increasing accountability for medicines-related recommendations</p>
Development pathway required for evolved role	<p>Prescribing Schedule 4 medicines: collaborative prescribing endorsement via recognised certification pathway</p> <p>Advanced practice credentialing provides pathways to mastery of clinical skills and outcome, which is essential for population-level activities</p> <p>Ongoing continual professional development</p>

RECOGNITION

Value to consumers	<p>Increased access to advanced pharmacist expertise to identify and resolve medicine related problems</p> <p>Improved consumer understanding, confidence and knowledge of medicines</p>
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REMUNERATION

Indicative salary in 2023 (ex. super)	<ul style="list-style-type: none"> • Foundation \$80 000 to \$100 000 • Advanced practice Level I (transition) \$100 000 to \$120 000 • Advanced practice Level II (consolidation) \$120 000 to \$140 000 • Advanced practice Level III (advanced) \$140 000 and above
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APPENDICES

APPENDIX 1:

PHARMACISTS IN 2023; 11 ACTIONS FOR CHANGE³

	01. Empower and expect all pharmacists to be more responsible and accountable for medicine safety.
	02. Enhance the role of community pharmacists to have a greater level of responsibility and accountability for medicines management.
	03. Embed pharmacists within healthcare teams to improve decision making for the safe and appropriate use of medicines.
	04. Facilitate pharmacist prescribing within a collaborative care model.
	05. Improve pharmacist stewardship of medicine management to improve outcomes at transitions of care.
	06. Utilise and build upon the accessibility of community pharmacies in primary care to improve consumer access to health services.
	07. Equip the pharmacist workforce, through practitioner development, to address Australia's existing and emerging health challenges.
	08. Establish additional funding models and facilitate access to existing funding models to recognise the value and quality of pharmacist care.
	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.
	10. Develop and maintain a research culture across the pharmacist profession to ensure a robust evidence base for existing and future pharmacist programs.
	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.

APPENDIX 2:

PHARMACISTS IN 2023: ACTIONS 7 & 8

ACTION 7

Equip the pharmacist workforce, through practitioner development, to address Australia's existing and emerging health challenges.

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

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, 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

ACTION 8

Establish additional funding models and facilitate access to existing funding models to recognise the value and quality of pharmacist care.

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

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

3

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



We want to see all pharmacists being the best they can be and the contribution they make to patient care valued.