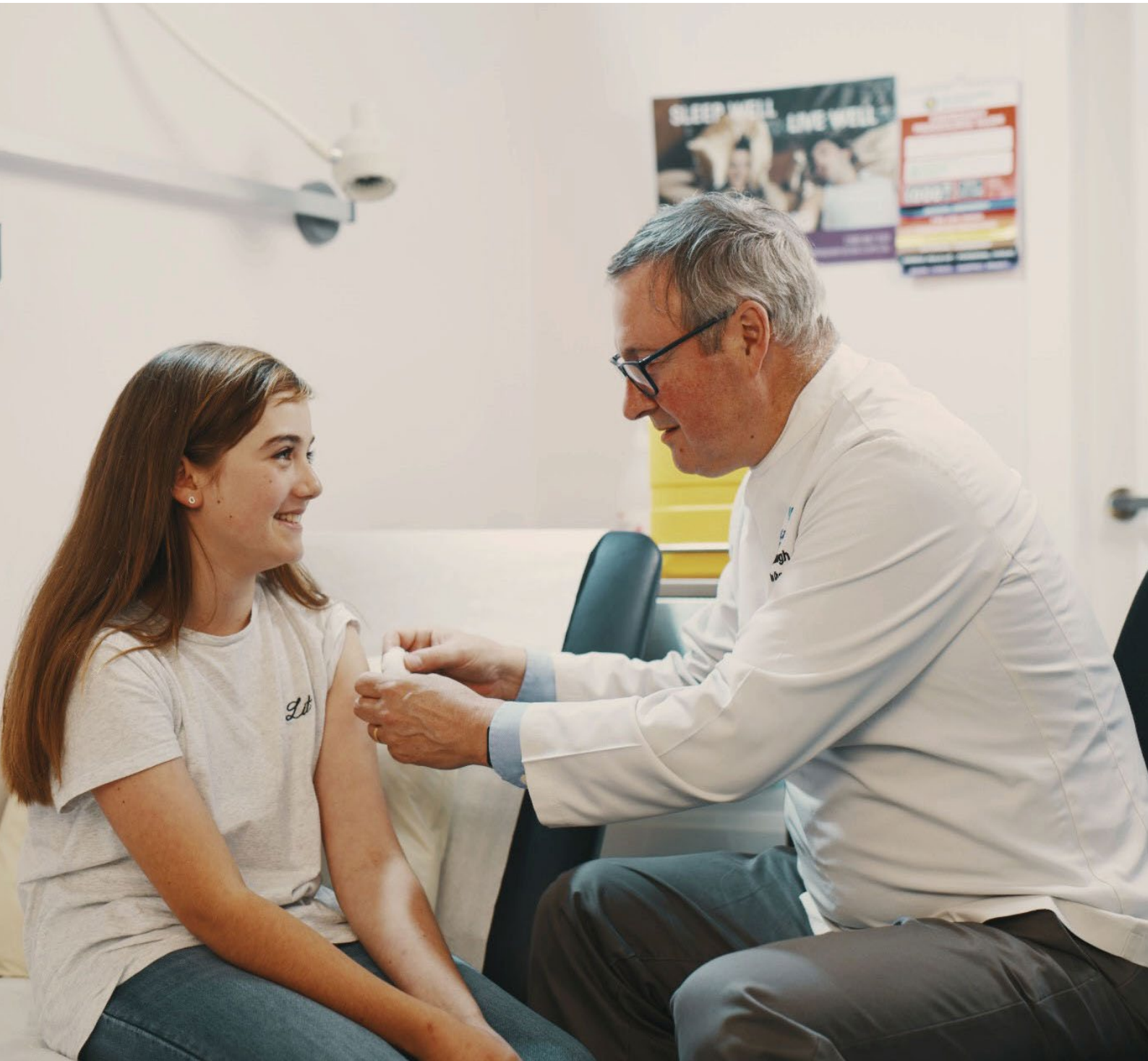
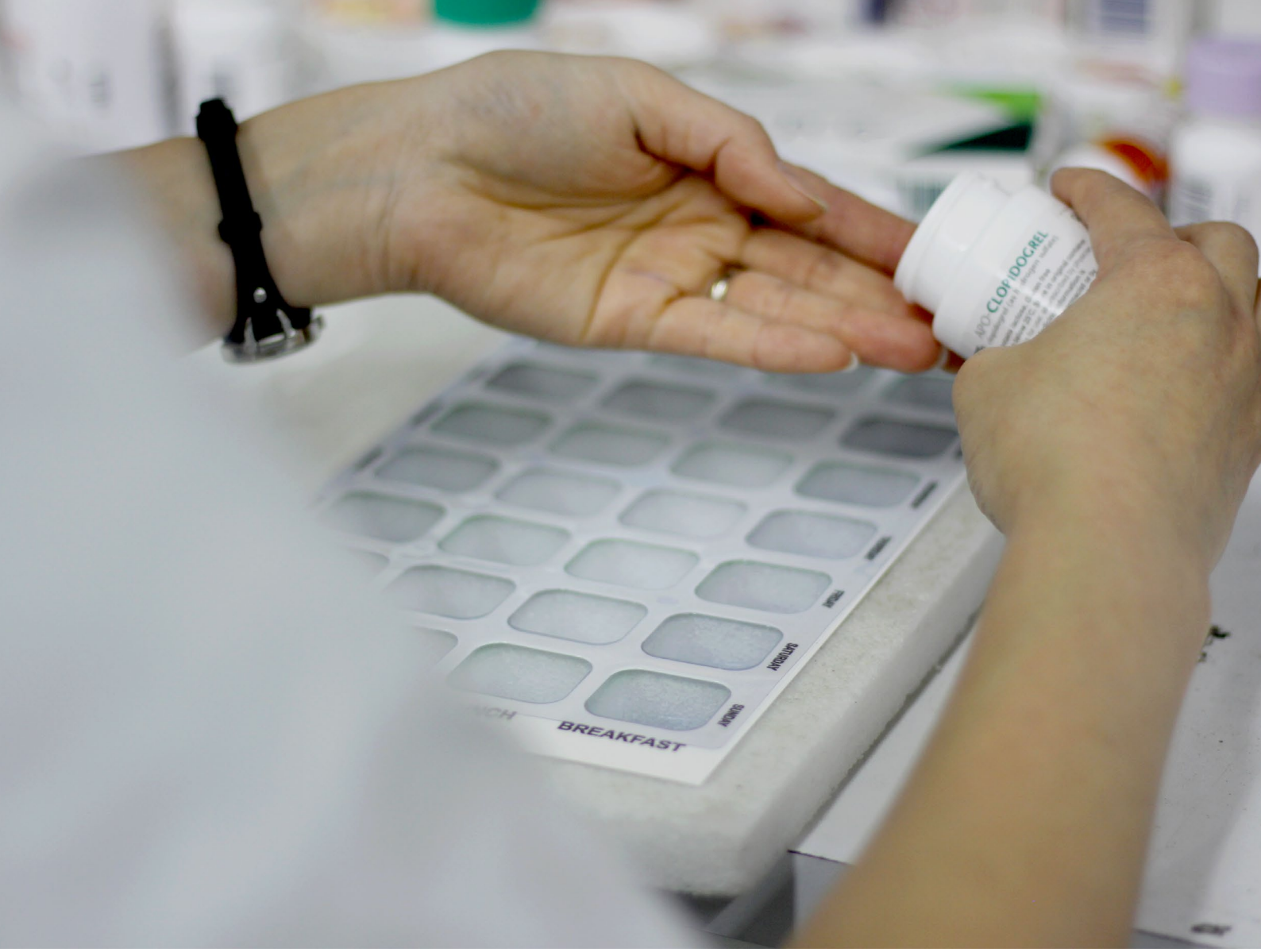
Pharmaceutical Society of Australia

2021-22
PRE-BUDGET SUBMISSION
VICTORIA





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Pharmaceutical Society of Australia

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About PSA

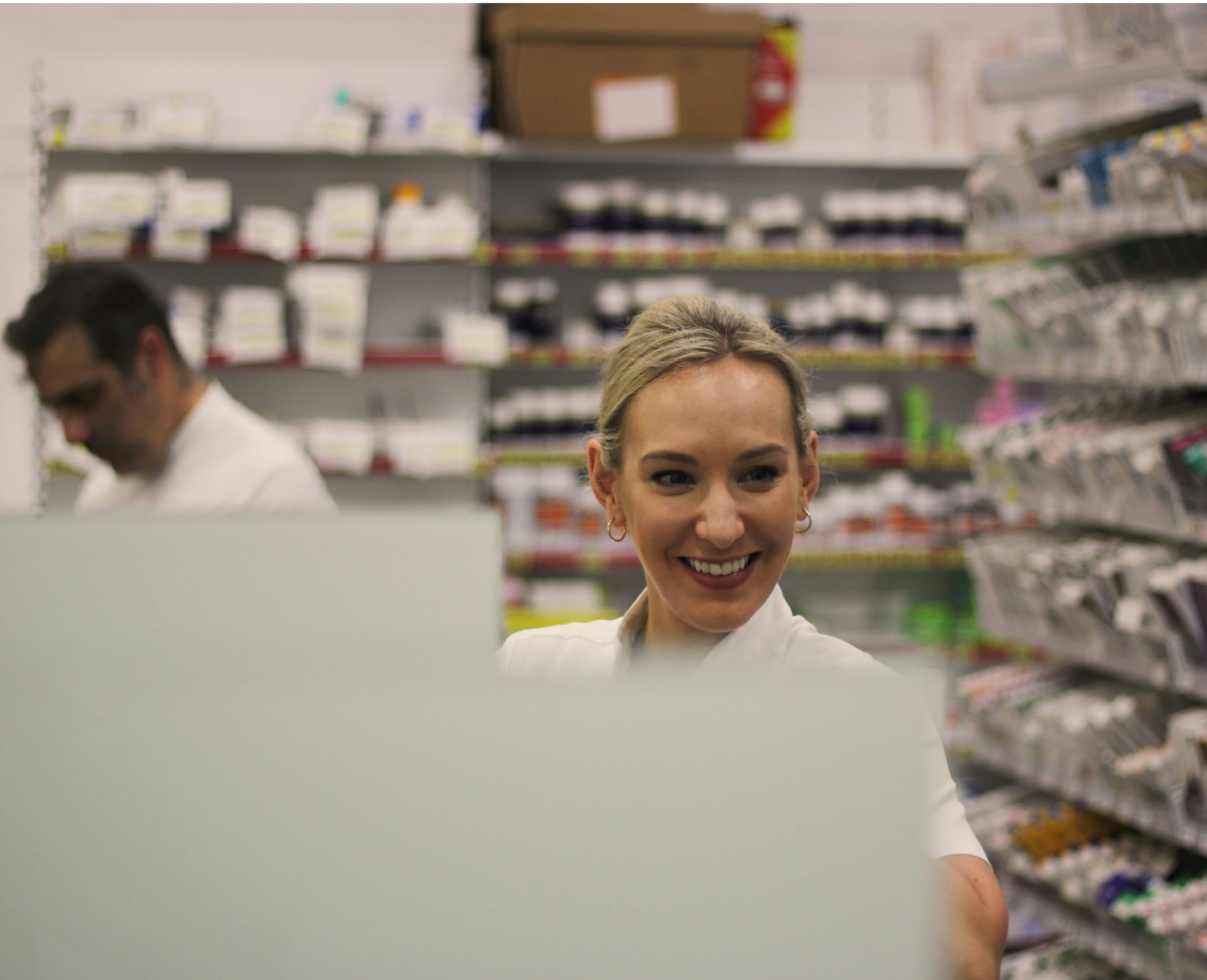
PSA is the only Australian Government-recognised peak national professional pharmacy organisation representing all of Australia's 32,000 pharmacists working in all sectors and across all locations.

PSA is committed to supporting pharmacists help Australians to access quality, safe, equitable, efficient and effective healthcare. PSA believes the expertise of pharmacists can be better utilised to address the healthcare needs of all Australians.

PSA works to identify, unlock and advance opportunities for pharmacists to realise their full potential, to be appropriately recognised and fairly remunerated.

PSA has a strong and engaged membership base that provides high-quality health care and are the custodians for safe and effective medicine use for the Australian community.

PSA leads and supports innovative and evidence-based healthcare service delivery by pharmacists. PSA provides high-quality practitioner development and practice support to pharmacists and is the custodian of the professional practice standards and guidelines to ensure quality and integrity in the practice of pharmacy.



Pharmacists in Victoria

In Victoria, there are 8,628 registered pharmacists working in community pharmacies, hospitals, general medical practices, aged care, Victorian and federal government departments and within other private sector organisations.

Victorian pharmacists have worked in the front line of the delivery of healthcare during the bushfires and the COVID-19 pandemic. This experience has highlighted the opportunity and benefit of pharmacists working at their full potential. It has also revealed an imperative for improved coordination and resources of pharmacists in parts of our health system.

Executive Summary

Medicines are the most common intervention in health care.[1] Concerningly, problems with the use of medicines are also alarmingly common. In Australia, 250,000 hospital admissions a year are a result of medicine-related problems. The annual cost of these admissions is $1.4 billion; 50% of this harm is preventable.[2] This burden of harm is felt in Victoria just like it is throughout Australia.

The Pharmaceutical Society of Australia recommends provision is made in the 2021/2022 Financial Year Victorian Government Budget in the following four areas of action:

1

Improve access to vaccinations to protect more Victorians

PSA calls on the government to make regulatory changes in Victoria which enable pharmacists to administer all vaccines to reduce the risks associated with vaccine preventable disease.

2

Provide funding to employ pharmacists in state-operated residential aged care facilities

PSA calls on the Victorian Government to invest $2.7 million annually to employ pharmacists in state-run RACFs to reduce the use of inappropriate chemical restraint and protect residents from harm caused by medicines.

3

Establish the role of Victorian Chief Pharmacist

PSA calls on the Victorian Government to allocate $300,000 annually to improve implementation of health policy, programs and regulatory controls through establishing the role of Victorian Chief Pharmacist.

4

Provide extended hours, seven-day clinical pharmacist services in public hospitals to reduce medicine related harm

PSA calls on the Victorian Government to allocate $7 million to provide extended hours, seven day a week clinical pharmacist services in public hospitals.

John Jackson
PSA Victorian President

Recommendation One

Improve access to vaccinations to protect more Victorians

The challenge

Immunisation is one of the most effective disease prevention methods. Vaccines are safe, effective and easy for competently trained health professionals to administer. They provide protection against both health and economic impacts of vaccine preventable infectious diseases.[3,4]

While vaccination rates for children are high, less than 40% of at-risk adults are considered to be fully vaccinated.[3] This includes healthcare workers and those caring for our most vulnerable people in Victoria, including children, the ill, elderly and infirm. For example, less than 50% of childcare workers are fully vaccinated[5] and seasonal influenza vaccination uptake is inconsistent in aged care and health care workers.[6] To protect the Victorian community, it is crucial that those who have a higher risk of exposure to contracting and spreading infectious diseases are fully vaccinated.

In 2021 and beyond, Victoria will face a genuine capacity challenge in delivery of immunisation programs to the community as it delivers existing immunisation programs at the time of an expected mass vaccination program for COVID-19.

To protect the Victorian community, it is crucial that pharmacist immunisers can administer all routine vaccines and COVID-19 vaccination.

The proposed approach:

PSA recommends expanding the range of vaccines that trained pharmacist immunisers are able to administer to include additional vaccines including:

- Pneumococcal
- Varicella zoster
- COVID-19 vaccine(s)
- Influenza type B

PSA also considers this to be an opportunity to incorporate all vaccines that are recommended for health care workers and carers, including the following[7]:

- Diphtheria, tetanus and pertussis (remove restrictions limiting pharmacist immunisers to administer for purpose of pertussis immunity only)
- Hepatitis B
- Hepatitis A
- Varicella zoster

These vaccinations would be funded by employers, individuals or through the National Immunisation Program (NIP) and Victorian Government State programs, depending on individual eligibility.

Achieving these recommendations is a matter of regulatory change, without any additional funding requirements to train workforces, or build infrastructure.

Why it will work

Pharmacists have been immunising in Victoria since June 2016 when legislation change saw pharmacists start to administer influenza vaccines in community pharmacy.

The accessibility of community pharmacists (through a well-established network of community pharmacies, most with extended operating hours) and consumer trust in pharmacist immunisers have provided accessible and convenient locations for the delivery of vaccination services. The pharmacist workforce has been acknowledged as contributing to a meaningful reduction in the severity of seasonal influenza[8] in particular.

Pharmacists in other countries have been shown to safely administer a wider range of vaccinations,[9] as summarised below.

	Victoria	Australia (other)	Argentina	Canada	Portugal	South Africa	Switzerland	UK	USA
Influenza	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pertussis, diphtheria, tetanus	✓&	✓&	✓	✓	✓	✓	✓	✓	✓
MMR	✓	✓%	✓	✓	✗	✓	✓	✓	✓
Meningococcal	✓	✓*	✓	✓	✓	✓	✗	✓	✓
Hepatitis A	✗	✗%	✓	✓	✓	✓	✓	✓	✓
Hepatitis B	✗	✗	✓	✓	✓	✓	✓	✓	✓
Varicella	✗	✗	✓	✓	✓	✓	✗	✓	✓
Pneumococcal	✗	✗	✓	✓	✓	✓	✗	✓	✓
Influenza type B	✗	✗%	✓	✓	nd	nd	nd	nd	nd

*** denotes jurisdictional variation**

% MMR: All except ACT, Hepatitis A, Influenza type B: Queensland only

& only for purpose of pertussis immunity (most states)

nd: no data

Implementation

As trained pharmacist immunisers already have the skills and infrastructure to provide this service, this proposal could be implemented simply through amendments to the Victorian Pharmacist administered vaccination guidelines.[10]

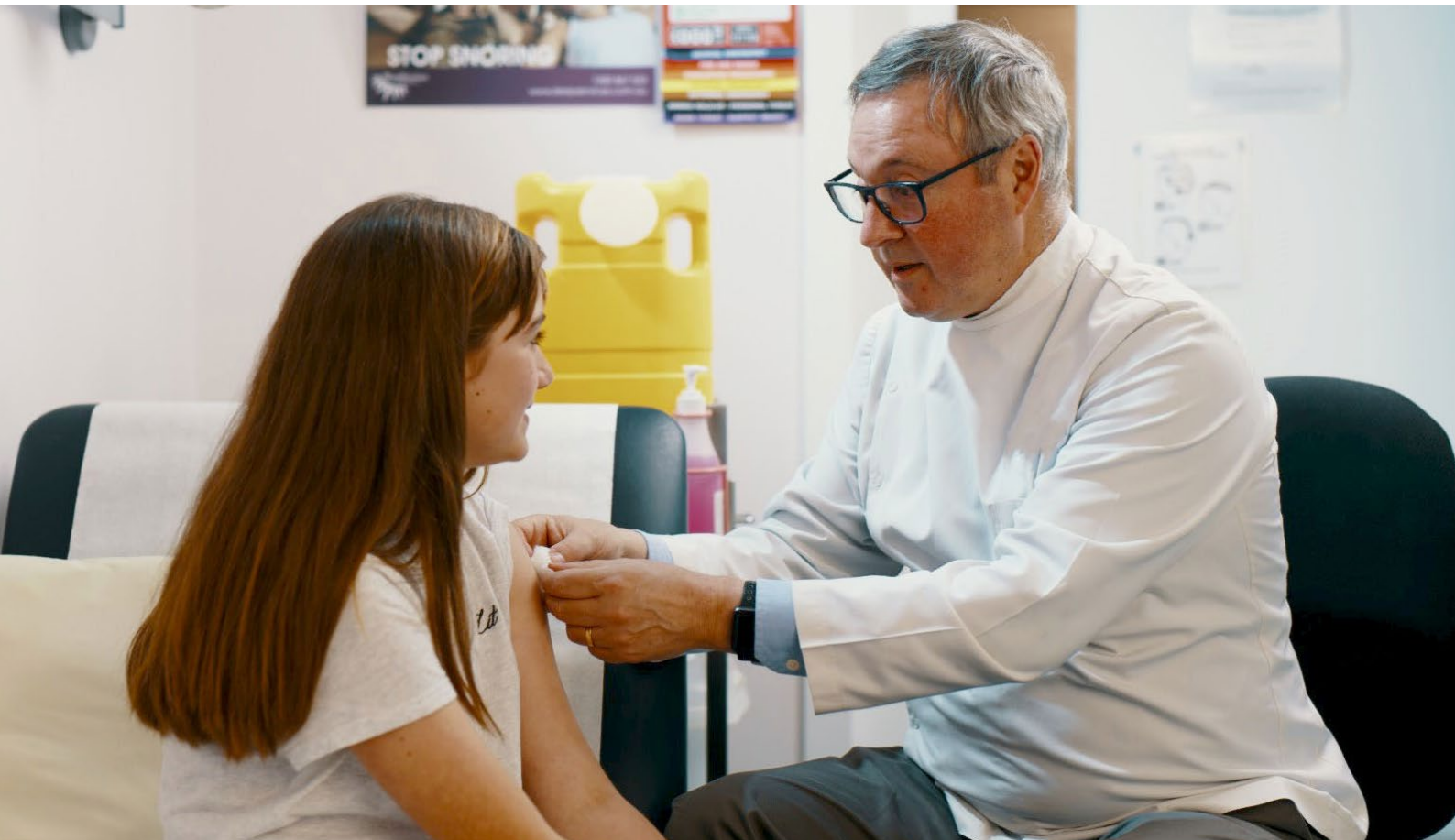
Budget

Nil direct costs

PSA calls on the government to make regulatory changes in Victoria which enable pharmacists to administer all vaccines to reduce the risks associated with vaccine preventable disease.

Benefits to Victorians:

- Increased access to vaccinations by more Victorians to reduce and avoid disease burden associated with vaccine-preventable diseases
- Improve efficient use of vaccines from the NIP and state-funded vaccination programs
- Increased uptake of vaccinations by a younger susceptible group, providing greater protection to the community
- Reduced wait time for patients
- Increased uptake of recommended immunisations by health and carer workforce, providing greater protection to health workers, care workers and the vulnerable Victorians they care for
- Increased access for immunisation services especially in rural and remote areas
- Slowing the spread of outbreaks of vaccine-preventable diseases including in aged care facilities



Recommendation Two

Provide funding to employ pharmacists in state-operated residential aged care facilities

The challenge

Australia's population is aging, and currently 3.8 million people or 15% of the total population are aged 65 or over.[11] With this growth in the aging population, more and more older Australians are entering residential care services.[12] As people are on average, older and more frail when they enter aged care facilities, the care and medicine management they require is becoming more and more complex.[12] The Royal Commission into Aged Care's interim report[13] was scathing in its criticisms of medicine management in Australia's aged care sector citing 'a surprisingly neglectful approach to the use and prolonged use of chemical restraint'. They further highlighted:

> *"widespread overprescribing, often without clear consent, of drugs which sedate residents, rendering them drowsy and unresponsive to visiting family and removing their ability to interact with people"*

> *"psychotropic medication is only clearly justified in about 10% of cases in which they are prescribed in residential aged care"*

These findings are consistent with those contained in PSA's Medicine Safety: Take care report (2019) and Medicine safety: aged care (2020) which revealed:

- 98% of residents in aged-care facilities have at least one medicine related problem
- 80% are prescribed potentially inappropriate medicines.[2]
- One in five unplanned hospital admissions of residents living in aged-care facilities taking medication are due to inappropriate medicine use.

Consultant Pharmacist Neil Petrie MPS

The Department of Health and Human Services (DHHS) is a significant provider of residential aged care services in Victoria, operating over 180 residential aged care facilities (RACF).[14] These facilities experience the same challenges with medicine safety which exist throughout the aged care sector in Australia. Some of these challenges were highlighted in a recent external clinical audit which found:

- Limited access to allied health practitioners, which creates an added burden in meeting residents' needs.
- Reducing the use of chemical (e.g. psychotropic medicines and benzodiazepines) and physical restraints to align with industry best practice is a priority

The proposed approach

In order to achieve safe and best-possible use of medicines in residential aged care facilities, pharmacists, with their unique knowledge and medicines expertise, must have a greater role in the residential aged care sector.[2,13,15,16]

PSA proposes incorporating a pharmacist on the ground in all DHHS-operated residential aged care facilities.

This is supported by Recommendation 18 in the Royal Commission into Aged Care Quality and Safety – Counsel Assisting's proposed recommendations to require[17]:

> *"approved providers to engage at least one of each of the following allied health professionals: an oral health practitioner; a mental health practitioner; a podiatrist; a physiotherapist; an occupational therapist; a pharmacist; a speech pathologist; a dietitian; an exercise physiologist; a music or art therapist."*

What does a RACF pharmacist do?

The non-dispensing role would include undertaking medicine reviews, identifying and resolving actual and potential medicine related problems and providing medicine safety advice to prescribers, nursing staff, carers and residents. It would also enable greater communication and collaboration between members of the multidisciplinary team involved in resident care.

The role of a pharmacist employed in an aged care facility includes:[16,18]

- **Resident-level activities** including identifying, preventing and managing medicine-related problems, reducing polypharmacy and optimising medicines use;
- **Education and training** of other health professionals and facility staff in the quality use of medicines and medicines information;
- **Clinical governance activities** around using medicines appropriately including leading programs and systems to reduce use of high-risk medicines such as antipsychotics and benzodiazepines, and providing stewardship of opioid and antimicrobial use, including monitoring and reporting; and
- Supporting **achievement of accreditation standards** related to medicine management.

The role of aged care pharmacists is further described in PSA's Pharmacists in 2023: Roles and Remuneration[16], an excerpt of which is included in **Appendix 1**.

The RACF pharmacist role complements the role of other pharmacists involved in the provision of care to residents, including community pharmacists who supply residents' medicines to the facilities in dose administration aids.

PSA recommends that in each of the 180 aged care facilities operated by DHHS, 0.5 full-time equivalent (FTE) pharmacists should be dedicated per 100 aged care residents in order to perform the recommended activities.

Why it will work

In 2018, an ACT residential aged care facility was the first in Australia to employ a pharmacist as part of a 6 month trial. The study found that 'including a pharmacist in a residential aged care home can improve medication administration practices by reducing inappropriate dosage form modification and staff time spent on medication administration rounds, and increasing the documentation of resident allergies, adverse drug reactions and medication incidents'.[19] It should further be noted that in this trial, almost 80% of the pharmacist's activities were initiated by other stakeholders, demonstrating acceptance and demand of pharmacist activities in this environment.

The role of the pharmacist employed within the aged care facility was well received by residents, family members, care staff, doctors and other health care professionals involved in the care of residents. The facility now maintains an on-site pharmacist as a member of staff.

Case example: RedUSe program

The RedUSe program, a multi-strategic quality improvement intervention was funded in aged care facilities in Tasmania, with three main components.[20–22] The program included:

- audit and benchmarking of sedative and antipsychotic medicine use
- interactive and didactic education for aged care home staff about the benefits, risks, and guidelines for psychotropic use
- targeted multi-disciplinary sedative review for all residents taking regular doses of antipsychotics and/or benzodiazepines by a pharmacist in collaboration with nurses and prescribers.

Antipsychotic and benzodiazepine dose reduction as a consequence of the RedUSe program was not associated with deteriorations in: neuropsychiatric symptoms, quality of life, social engagement, activities of daily living, nursing staff job satisfaction or occupational disruptiveness.[22]

Benefits identified included trends towards:

- reduced agitation with both antipsychotic and benzodiazepine dose reduction
- reduced occupational disruptiveness related to agitation with antipsychotic dose reduction
- reduced sleep disturbances with benzodiazepine reduction.

There were also savings with antipsychotic and/or benzodiazepine dose reduction, mainly driven by lower costs related to hospitalisations.

Implementation

From 1 July 2021

Cost/Budget

PSA estimates the measure will cost $2.7 million annually, adjusted to CPI.

Cost savings may be achieved through reduced hospital admissions due to medicine-related problems.

PSA calls on the Victorian Government to invest $2.7 million annually to employ pharmacists in state-run RACFs to reduce the use of inappropriate chemical restraint and protect residents from harm caused by medicines.

Benefits to Victorians:

- Reduction in the use of psychotropic medicines/chemical restraints, improving the quality of life for residents through reduced side effects (e.g. sedation, weight gain, impaired cognition)
- Reduction in hospitalisations from medicine-related adverse events
- More rational use of opioid medicines, resulting in improved pain management and alertness of residents
- More rational and targeted use of antimicrobials in accordance with local resistance patterns and treatment recommendations
- Increased staff access to pharmacist's expertise in medicines and medication management within the residential care facility

Consultant Pharmacist Neil Petrie MPS

Recommendation Three

Establish the role of Victorian Chief Pharmacist

The challenge

The Victorian health system provides support and advice to approximately 6.4 million people but it is at times challenged by its complex and fragmented nature. This, coupled with the absence of health professionals in key leadership roles within DHHS have been highlighted as vulnerabilities during the COVID-19 pandemic.

COVID-19 has shown the value of experienced clinicians, including pharmacists in leadership roles to support development and rapid implementation of relevant measures during a public health emergency and provide ongoing strategic leadership to improve medicine safety in Victoria.

While the role of pharmacists in the logistical supply of medicines is well understood, the risk mitigation and case management value of pharmacists in health care are often unrecognised.

As the recognised peak body for pharmacists, PSA plays a significant role in providing advice on matters relating to pharmacists to the Commonwealth and State Governments. However, there are no obvious, formal leadership and accountability structures within government to provide independent ongoing expert advice on pharmacy, medicine safety and quality use of medicines issues.

The proposed approach

PSA recommends establishing a Chief Pharmacist role for the state of Victoria, to lead pharmaceutical advice within the DHHS.

The Chief Pharmacist would sit within the Regulation, Health Protection and Emergency Management division to drive coordination between regulation, programs, funding and infrastructure.

The Chief Pharmacist would liaise with all relevant contact points within government and provide advice to Ministers, Ministerial staff and agencies to support policy development, planning and implementation of health service reform. This position could also provide a consistent voice and point of contact for peak professional bodies such as PSA to engage more efficiently with all stakeholders.

Creation of a Chief Pharmacist role would provide the strategic understanding and knowledge of pharmacist capabilities to enable the Victorian Government to most effectively utilise the pharmacist workforce to improve medicine management and patient safety in hospitals, aged care and in the community.

Budget allocation

PSA estimates the budget allocation to support this proposal to be $300,000 annually, including salary and on-costs.

Why it will work

Other Australian jurisdictions, including Western Australia, New South Wales, South Australia, Tasmania and the Australian Capital Territory have an appointed Chief Pharmacist who provides coordinated advice and oversight to medicine-related matters within their health systems. These roles are recognised as providing high quality advice within government and facilitating efficient operation of pharmacist-related regulation.

PSA calls on the Victorian Government to establish a Chief Pharmacist position.

Benefits to Victorians:

- Leads coordination of government health policy and programs, particularly those relating to the use of medicines and reducing medicine related harm
- Provides a single point of contact between Victorian Government agencies on pharmaceutical and pharmacy sector issues
- Delivers cross-departmental strategic advice and insight on how the pharmacist workforce can achieve key health initiatives and outcomes
- Supports Victoria's commitment to Medicine Safety and Quality Use of Medicines as a National Health Priority Area

Recommendation Four

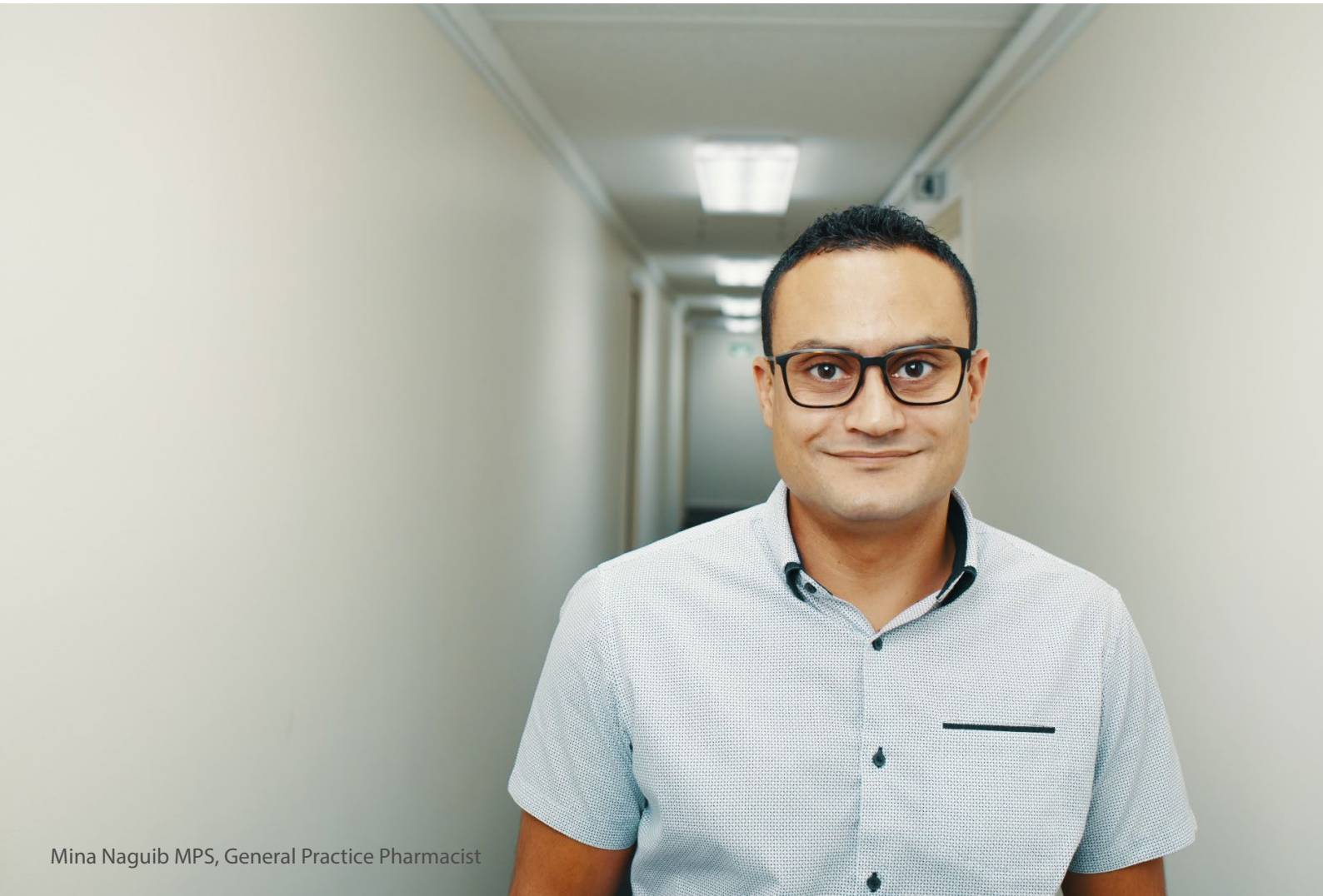
Provide extended hours, seven-day clinical pharmacist services in public hospitals to reduce medicine related harm

The challenge

PSA's Medicines Safety: take care indicated over 90% of patients have at least one medicine–related problem after discharge from hospital.[2] Hospitals have varying arrangements when it comes to pharmacist resourcing, which creates difficulties in ensuring that pharmacists are available to play a key clinical role in critical clinical decision making, partnered charting and reconciling medicines on admission and discharge from hospital.

The timeliness of these interventions play a role in reducing potential medicine-related harm, improving patient outcomes and reducing the risk of errors being continued throughout a stay and on discharge.[23]

Reports have highlighted that there are more emergency department presentations on weekends compared with weekdays and that 69% of presentation occur between 8am and 8pm[24,25]. Currently not all hospital pharmacy services are resourced or supported during these days and hours to provide clinical pharmacy services.



Mina Naguib MPS, General Practice Pharmacist

Studies have indicated that medication charts are less likely to be reviewed by a clinical pharmacist outside of normal working hours, despite studies demonstrating the benefit of review for improved accuracy and documentation[23,26,27].

People with complex medicine problems are admitted at all times of day and all days of the week. It is not acceptable that a patient admitted to hospital on a Saturday evening will not receive timely pharmacist review, but they would if they were admitted on a Tuesday morning. Medicine problems not identified on admission place patients at risk of harm and extended hospital stays.

The proposed approach

Ensuring hospital pharmacist provision of clinical services to support the safe and effective dispensing and use of medicines, through seven-day, extended hours provision of clinical pharmacy services in publicly funded hospital services.

Staffing allocations within hospitals should be sufficient to achieve appropriate clinical handover of patients and ensure continuity of medicine management is optimised and ensure optimisation during transfers of care, including through medicines reconciliation on admission and discharge.[18] This can be tailored to individual sites using site specific data.

While all communities and hospitals would benefit from these services, it is recommended that the size of need at each site would need to be evaluated and the intervention tailor and as such an initial investment should be targeted at 20 sites across regional and metropolitan Victoria.

Implementation

From 1 July 2021

Cost/Budget

PSA estimates the budget allocation to support this proposal to be $7 million annually, including salary and on-costs.

Why it will work

A major Australian hospital-based study found that for every dollar spent on a clinical pharmacist to initiate changes in medicines therapy or management, approximately $23 was saved on length of stay, readmission probability, medicines, medical procedures and laboratory monitoring.[29]

around using medicines appropriately including leading programs and systems to reduce use of high-risk medicines such as antipsychotics and benzodiazepines, and providing stewardship of opioid and antimicrobial use, including monitoring and reporting; and

PSA calls on the Victorian Government to allocate $7 million to provide extended hours, seven day a week clinical services in public hospitals.

Benefits to Victorians:

- Reduced medicine misadventure associated with transitions of care
- Safer transitions of care between care settings for patients
- Safer and more effective use of health care resources for the delivery of care through quality use of medicines
- Reduce healthcare expenditure related to preventable medication misadventure, by minimising overuse and underuse of medicines, and prevention readmission to hospital after medicine – misadventure events.
- Job creation
- Support Medicine Safety and Quality Use of Medicines as a National Health Priority

REFERENCES

1. Roughead L, Semple S, Rosenfeld E. Literature Review: Medication Safety in Australia. Sydney: Australian Commission on Safety and Quality in Health Care; 2013 Aug. At: www.safetyandquality.gov.au

2. Medicine Safety: Take Care. Canberra: Pharmaceutical Society of Australia; 2019 Jan. At: www.psa.org.au

3. Menzies RI, Leask J, Royle J, MacIntyre CR. Vaccine myopia: adult vaccination also needs attention. The Medical Journal of Australia. 2017 Apr 3;206(6):238–9.

4. Vaccine preventable disease in Australia. Australian Institute of Health and Welfare; 2018 Oct p. 2. Report No.: PHE236. At: https://www.aihw.gov.au/getmedia/8eb941be-9137-47b3-80d2-a0919424b2dc/aihw-phe-236_Aust.pdf.aspx

5. Hope K, Butler M, Massey PD, Cashman P, Durrheim DN, Stephenson J, et al. Pertussis vaccination in Child Care Workers: room for improvement in coverage, policy and practice. BMC Pediatr. 2012 Jul 13;12:98.

6. Seale H, MacIntyre CR. Seasonal influenza vaccination in Australian hospital health care workers: a review. The Medical Journal of Australia. 2011 Sep 19;195(6):336–8.

7. Vaccination for healthcare workers in Victoria. Department of Health & Human Services; 2014 Aug. At: https://www2.health.vic.gov.au:443/public-health/immunisation/adults/vaccination-workplace/vaccination-healthcare-workers

8. Record vaccinations slash flu rates in Australia. Greg Hunt MP. 2018. At: https://www.greghunt.com.au/record-vaccinations-slash-flu-rates-in-australia/

9. FIP global vaccination advocacy toolkit: Supporting and expending immunisation coverage through pharmacists. The Hague, The Netherlands: International Pharmaceutical Federation (FIP); 2019 Sep.

10. Victorian pharmacist administered vaccination guidelines - April 2019. Melbourne: Department of Health and Human Services, Victorian State Government; 2019 Apr p. 25. Available from: https://www2.health.vic.gov.au/Api/downloadmedia/%7B05A3DFF5-F33A-4EA1-BC1B-3B89BA23460B%7D

11. Older Australia at a glance. Canberra: Australian Institute of Health and Welfare; 2018 Sep [cited 2020 Oct 29]. Available from: https://www.aihw.gov.au/getmedia/7f3b1c98-c308-45c6-956b-b599893bdf33/Older-Australia-at-a-glance.pdf.aspx?inline=true

12. AIHW: Admissions into aged care. Canberra: AIHW (Australian Institute of Health and Welfare); 2017 Jun. Report No.: GEN Aged Care Data. Available from: https://www.gen-agedcaredata.gov.au/Topics/Admissions-into-aged-care

13. Interim Report of the Royal Commission into Aged Care [Internet]. Royal Commission into Aged Care Quality and Safety. At: https://agedcare.royalcommission.gov.au/publications/Pages/interim-report.aspx

14. Services D of H& H. Public sector residential aged care list of facilities 2015. Department of Health & Human Services. At: https://www2.health.vic.gov.au:443/about/publications/policiesandguidelines/public-sector-residential-aged-care-facility-list-2015

15. Medicine safety: aged care. Canberra: Pharmaceutical Society of Australia; 2020 Feb.

16. Pharmacists in 2023; roles and remuneration. Canberra: The Pharmaceutical Society of Australia; 2019 Jul p. 40. At: https://www.psa.org.au/advocacy/working-for-our-profession/pharmacists-in-2023-roles-and-remuneration/

17. 17. Counsel Assisting's Proposed Recommendations at Final Hearing. Royal Commission into Aged Care Quality and Safety; 2020 Oct. At: https://agedcare.royalcommission.gov.au/media/29098

18. 18. Pharmacists in 2023: For patients, for our profession, for Australia's health system. Canberra: The Pharmaceutical Society of Australia; 2019 p. 64. At: https://www.psa.org.au/advocacy/working-for-our-profession/pharmacists-in-2023/

19. The effect of a residential care pharmacist on medication administration practices in aged care: A controlled trial - McDerby - 2019 - Journal of Clinical Pharmacy and Therapeutics - Wiley Online Library. At: https://onlinelibrary.wiley.com/doi/full/10.1111/jcpt.12822

20. Westbury JL, Gee P, Ling T, Brown DT, Franks KH, Bindoff I, et al. RedUSe: reducing antipsychotic and benzodiazepine prescribing in residential aged care facilities. The Medical Journal of Australia. 2018 May 14;208(9):398–403.

21. Westbury J, Gee P, Ling T, Kitsos A, Peterson G. More action needed: Psychotropic prescribing in Australian residential aged care. Aust N Z J Psychiatry. 2019;53(2):136–47.

22. Hoyle D, Bindoff I, Clinnick L, Peterson G, Westbury J. Clinical impact of antipsychotic and benzodiazepine reduction: Findings from a multicomponent reduction program within long-term aged care. International Psychogeriatric Association Congress, 1-3 September 2019;

23. Barton L, Futtermenger J, Gaddi Y, Kang A, Rivers J, Spriggs D, et al. Simple prescribing errors and allergy documentation in medical hospital admissions in Australia and New Zealand. Clin Med (Lond). 2012 Apr;12(2):119–23.

24. Australia's health 2014. Canberra: Australian Institute of Health and Welfare; 2014. At: https://www.aihw.gov.au/reports/australias-health/australias-health-2014/contents/table-of-contents

25. Medication safety: position statement. Melbourne: The Society of Hospital Pharmacists of Australia; 2020 Sep. At: https://www.shpa.org.au/sites/default/files/uploaded-content/website-content/Fact-sheets-position-statements/shpa_medication_safety_position_statement_sep2020.pdf

26. Carter MK, Allin DM, Scott LA, Grauer D. Pharmacist-acquired medication histories in a university hospital emergency department. Am J Health Syst Pharm. 2006 Dec 15;63(24):2500–3.

27. Campbell F. A systematic review of the effectiveness and cost-effectiveness of interventions aimed at preventing medication error at hospital admission. 2008.

28. Dooley MJ, Allen KM, Doecke CJ, Galbraith KJ, Taylor GR, Bright J, et al. A prospective multicentre study of pharmacist initiated changes to drug therapy and patient management in acute care government funded hospitals. Br J Clin Pharmacol. 2004 Apr;57(4):513–21.

29. Tong E. Implementation of a 24-hour clinical pharmacy service in the intensive care unit and general medical unit during the COVID-19 pandemic. Pharmacy GRIT; Autumn 2020. At: https://www.shpa.org.au/sites/default/files/uploaded-content/website-content/grit/autumn2020_24-hour_clinical_pharmacy.pdf

APPENDIX 1

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	Not applicable – Dispensing or supplying medicines is not part of the role of a residential aged care facility pharmacist
Patient-level activities	• **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	• **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	• **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	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. General pharmacist registration with AHPRA >2 years pharmacist experience (extremely desirable) Accreditation to undertake medication reviews desirable Holding or working towards postgraduate clinical pharmacy, advanced practice, diabetes educator or asthma educator credentials advantageous
Responsibility and accountability	Medicine safety and medicine regimens of residential aged care facility residents.

FUTURE ROLE (2023)	
Changes to role by 2023	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. 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.).
Development pathway required for evolved role	Prescribing Schedule 4 medicines: collaborative prescribing endorsement via recognised certification pathway Advanced practice credentialing provides pathways to mastery of clinical skills and outcome Ongoing continual professional development
RECOGNITION	
Value to consumers	Pharmacists working in residential aged care facilities are embedded within the resident's care team. This teamwork directly benefits patients though: • 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
REMUNERATION	
Indicative salary in 2023 (ex. super)	• 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