Pharmaceutical Society of Australia

Pharmacists in 2030

Consultation paper

September 2023

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Foreword

Our health system is under more pressure than ever before. It is facing significant challenges, including the growing health needs of the population, cost-of-living pressures, technological advancements, and increasing expectations from patients and the broader health system.

Too many Australians are being left behind in a health system which increasingly disadvantages those who live outside of urban areas and those who cannot afford to fund their own health care.

We have observed longer wait times for access to medicines and access to care – in both our primary health settings and in our hospitals. With an ageing population and an expectation of an dramatic increase in medicine use, initiatives to improve quality use of medicines and medicine safety become more important than ever before.

The practice of pharmacy is adapting and evolving in response.

We have gone a long way to achieving the vision we set out in *Pharmacists in 2023.* As we reach the end date on this plan, it is time to reflect on these achievements and use its successes and lessons to forge the next plan for the profession as we head towards 2030. But there is much more to do.

In order to adapt and evolve effectively, we need a plan that will help focus the work of Pharmaceutical Society of Australia (PSA) in supporting pharmacists to meet these changing needs of Australians. We need a plan that is ambitious, forward-thinking, and innovative. We need a plan that helps deliver the objectives of the updated National Medicines Policy and ambitions of health care reform sought by state, territory and federal governments.

We need a plan that considers international evidence and practice excellence. We need a plan that carefully considers the needs of priority populations, and one that enables Australians to receive equitable health care from pharmacists.

To develop this plan, we are seeking input from stakeholders like you. We want to hear from our members. We want to hear from government, from peak bodies, from private industry and from other health professionals. Most of all, we want to hear from patients and consumers we serve.

I encourage you to engage in this consultation and provide your feedback on how PSA, through the profession of pharmacy we serve, can improve the health and wellbeing of all Australians.

PSA has delivered on the vision we built together in *Pharmacists in 2023*. Together, we can continue to shape the future of pharmacy and make a meaningful difference to the health of our communities.

Dr Fei Sim
PSA National President

About PSA

PSA is the only Australian Government-recognised peak national professional pharmacy organisation representing all of Australia's 36,000 pharmacists working in all sectors and across all locations.

PSA is committed to supporting pharmacists to help Australians 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 healthcare 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.

Document properties

Terminology

Terminology in this document draws from definitions being adopted by the PSA Professional Practice Standards 2023 Version 6, including:

Term	Definition
consumer	a person who uses, or may potentially use, health or health-related products or services. For the purpose of this document, the term may also include carer(s) and/or relatives involved in the care of a person receiving care.
megatrend	a major movement, patterns or trend emerging on global or macroenvironmental scale. A megatrend has widespread and long-term social, economic, environmental, political or technological effects that are slow to form but have major impacts.
patient	a person who is receiving care in a healthcare service organisation. 'Patient' also extends to the person's support network which can include authorised representative, carers (including kinship carers), families, support workers and groups or communities.
pharmacy practice	refers to undertaking any role, whether remunerated or not, in which the individual uses their skills and knowledge as a pharmacist in their profession. Practice is not restricted to the provision of direct clinical care. It also includes working in a direct nonclinical relationship with individuals and others; working in management, administration, education, research, advisory, regulatory or policy development roles; and any other roles that impact on safe, effective delivery of services in the profession.
prescribing	an iterative process involving the steps of information gathering, clinical decision making, communication and evaluation which results in the initiation, continuation or cessation of a medicine. The definition of prescribing used may be different to the definition of prescribing provided in the legislation governing the use of medicines in each jurisdiction. Health professionals are advised to review the legislation in effect in the state or territory in which they practise to ensure they understand their legal authorisation to prescribe medicines

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Introduction

Pharmacists in 2023 opened with statements highlighting the Australian health system's universality, effectiveness, and efficiency. It also highlighted megatrends which would test these vital attributes and identified ways to unlock the potential of pharmacists to help respond to these trends. What was not identified in 2019 was the extent of acceleration of these trends which the COVID-19 pandemic would bring.

In particular, the pandemic magnified the challenges patients experience in accessing health care and accessing treatments. This included:

- barriers to accessing prescribers when and where patients need them. This mostly was seen as waiting times to access general practitioners in primary care through telehealth consultations, but was also exacerbated by workforce shortages and diversion of resources to the pandemic response

- barriers to timely access to medicines, due to medicine shortages or inflexible funding models which made essential medicines unaffordable to those who needed them

- barriers to care and support from family and friends due to social disruption and demographic shifts.

And as we emerged from the acute phase of the pandemic, we are seeing a new normal in our health system which is not as effective, safe or efficient as it should be for many Australians.

Patient safety and access to care is getting worse, not better.

There are increasing barriers to access medicines and health workers which is making health care less timely and less equitable. We are all worse off for this.

Governments have responded with ambitious agendas for health system reform, particularly in relation to integration and broadening workforce capacity through full scope-of-practice of the health workforce. Considering these imminent reforms, it is timely that we focus our efforts on initiatives to support pharmacists practising to top and full scope of practice.

So where are the gaps? And how can pharmacists respond?

This consultation paper aims to reflect on what is working well, explore the megatrends causing access challenges in more detail and ask what solutions can help overcome these challenges to pharmacist care and deliver better health for all Australians.

Building on success of *Pharmacists in 2023*

This plan will be an evolution of *Pharmacists in 2023*, building on its key achievements:

Action system change >		***Major achievements***
1	**Medicine safety**	• Securing declaration of medicine safety and the quality use of medicines as Australia's 10th National Health Priority Area via COAG agreement • Medicine safety series; PSA & PDL medicine safety partnership
2	**Community pharmacy**	• 7CPA signed, with PSA as a co-signatory for the first time • Contemporary Community Pharmacy Practice – CSI White Paper launch • Expansion of vaccination, prescribing, medicine for injection and commitment for progressing practice pilots across the country
3	**Care teams**	• Successful advocacy for national implementation of aged care on-site pharmacists, creating the third biggest career path for pharmacists • Normalisation of other on-site roles, including GP & ACCHO pharmacists and positive MSAC recommendation for IPAC • Securing HMR & RMMR follow-up visits to promote cycle of care
4	**Prescribing**	• Significant expansion in prescribing arrangements (e.g. Continued Dispensing, UTI prescribing, OCP prescribing, vaccination) • Broad adoption of collaborative prescribing in hospitals • Commitments to enhance pharmacist prescribing in multiple jurisdictions as part of scope of practice pilots
5	**Transitions of care**	• Change to HMR referral criteria to reduce time-to-review following hospital discharge and selected specialists now able to refer MMRs • Transition of care pilot in Queensland and MRFF medicine safety research grants in transitions of care
6	**Health hubs**	• Dramatic expansion of pharmacist vaccination services, including formulary, funding & removal of red tape • Substantial increase in consumer recognition of pharmacist self-care role, led by COVID-19 public health response • Expansion of administering medicine by injection to more jurisdictions
7	**Workforce development**	• Establishing PSA's Communities of Speciality Interest (CSI) • PHN partnerships piloting and supporting pharmacists in new roles • Reimagining of *Professional Practice Standards* to unlock breadth
8	**Funding**	• Government funded administration of COVID-19 & influenza vaccines • HMR/RMMR follow-up visits announced Apr 2020 & continued in 7CPA • $345.7 million secured for aged care on-site pharmacist program
9	**Rural and remote**	• PSA rural and remote medicine safety report released in 2021 • Rural Pharmacy Maintenance Allowance increase • Temporary Rural Pharmacy Transition Allowance introduced
10	**Research + evaluation**	• Securing of $25 million MRFF medicine safety research grants to investigate Quality, Safety and Effectiveness of Medicine Use and Medicine Intervention by Pharmacists
11	**Digital transformation**	• Widespread adoption of electronic prescriptions • Digitisation of hospital medicine management systems

National health priority area declared

In October 2019, the COAG Health Council declared the Quality Use of Medicines and Medicines Safety as Australia's tenth National Health Priority Area, delivering on former Health Minister, the Hon. Greg Hunt's public commitment at the PSA19 conference.

This didn't just happen. PSA changed the conversation on medicine safety in Australia. From preventable harm caused by medicines, to leading a consortia of medicine safety experts at a national forum, PSA has led the way in championing safer medicine use.

The federal government has since updated the National Medicines Policy for the first time in 20 years as the first major response to the National Health Priority Area. Launched by the current Health Minister, the Hon. Mark Butler, the revised policy has been informed by the consensus view of the Medicine Safety Forum Report as well as two PSA-nominated representatives on the review panel. It has an increased focus on vulnerable consumers through identifying priority populations, and an increased focus on measures and evaluation.

There is much more to do. By leading the conversation to make preventable harm caused by medicines front-page news, PSA is helping make medicine use safer for all Australians.

"PSA's leadership has changed the conversation on medicine safety in Australia."

A/Prof Chris Freeman, PSA National President (2018-2022)

Image: Medicine Safety Forum, Canberra (December 2019)

Community pharmacies jump to the next level of community health hub

Community pharmacies have long been trusted providers of medicines and health advice across the nation. Since 2019 however, community pharmacies, powered by digital health initiatives, scope of practice pilots and proof-of-concept pilots have played a significantly increased role in primary care, including:

- accessing much more clinical information to inform better health care decisions, such as integration of real-time prescription monitoring, My Health Record, electronic prescriptions and Australian Immunisation Register into practice

- administration of over 11 million COVID-19 vaccines since 2021, and over 2 million influenza vaccines each year (see next page). From 2024, community pharmacies will be paid administration fees for administering National Immunisation Program vaccines

- as a health hub access point, such as remuneration for provision of Take Home Naloxone and of COVID-19 Rapid Antigen Tests. Many community pharmacies have also increased access to other self-testing or point-of-care testing to screen for acute or chronic health conditions.

PSA has advocated for these changes, and supported them through advice to governments, project management, standards/guideline development and delivery of training to pharmacists.

The essential role of community pharmacies and pharmacists is now elevated in the minds of Australians as one of the most dependable health providers during acute phases of COVID-19.

Supporting the checks and balances of increased prescribing scope: How UTI services rolled out across the country

Pharmacists in 2023 set out a vision for community pharmacies to play a greater role as health hubs and establish a framework for prescribing in community pharmacy. The success of the Urinary Tract Infection Pharmacy Pilot – Queensland (UTIPP-Q) has helped achieve this.

PSA worked with Queensland Health and other pharmacy organisations to ensure appropriate clinical governance measures in the trial to support safe and effective patient care. This included development of appropriate treatment guidelines for pharmacists based on best-practice and current evidence.

The Queensland University of Technology's final report on the pilot found that pharmacists have the appropriate skills, competencies, and training to manage the empiric treatment of uncomplicated UTIs in the community pharmacy.

The outcomes described in the evaluation report show the clinical governance of this project worked well and could serve as a model for broader rollout in the future. And the model now has widespread adoption.

Since the UTI Community Pharmacy Service became regular practice in Queensland, state and territory governments in NSW, Tasmania, Western Australia, ACT and Victoria have commenced or committed to similar trials, while other jurisdictions are actively considering similar prescribing activities for common ailments and conditions.

PSA creates new career path for pharmacists: aged care on-site pharmacists

95% of aged care residents have at least one medicine-related problem[i]

PSA's advocacy secured the biggest win in a generation to help improve the use of medicines for people living in residential aged care facilities –aged care on-site pharmacists.

In 2022, the federal government committed $345.7 million for this 4-year program to allow residential aged care facilities to engage a pharmacist to improve medicine management – at a patient level, at a whole-of-facility level, and through staff education.

For the wellbeing of our oldest Australians, this program can't start soon enough. The ACT PiRACF pilot showed that where on-site pharmacists were present[ii]:

- prescribing of potentially inappropriate medicines halved
- inappropriate use of antipsychotic medicines decreased
- anticholinergic burden of patient's medicines also decreased.

Improving the way medicines are used in aged care will go a substantial way to fixing a system labelled as in '*Neglect'* by the Royal Commissioners.

The program will see pharmacists on-site, responsible and accountable for medicine use in our aged care facilities. Nothing matches being there, on-site, in person, to positively impact all areas where medicines are used, including prescribing, administration and monitoring.

It was PSA who championed the need for this new role during the life-span of *Pharmacists in 2023*. From advocacy, to the first pilot, to national implementation.

Pharmacist immunisers turbocharge protection against infectious diseases

Pharmacists have increasingly become the preferred vaccinator for many Australians; a combination of the convenience, confidence and trust consumers place in pharmacists. Since 2019, pharmacists have progressively made a more significant contribution to vaccination, enabled by dozens of changes to programs, funding and authority (see Diagram 2). While each change has been iterative, the cumulative expansion in authority, skill and experience has been substantial. This would not have occurred without extensive and sustained PSA advocacy.

Since *Pharmacists in 2023* was released, pharmacist vaccinators:

- now administer influenza vaccines to children as young as 6 months of age (Queensland). In 2019 the minimum age was 16 years.
- Provide access to National Immunisation Program (NIP) and state and territory government immunisation programs to eligible patients via pharmacists. From 2024, community pharmacies will be reimbursed an administration fee for each NIP vaccine administered to people over 5 years age.
- have administered over 11 million COVID-19 vaccine doses and are now the predominant health profession administering COVID-19 booster doses.
- have added capacity to the total vaccinator workforce in Australia and have increased the total number of Australians being vaccinated against influenza year-on-year (Diagram 1).

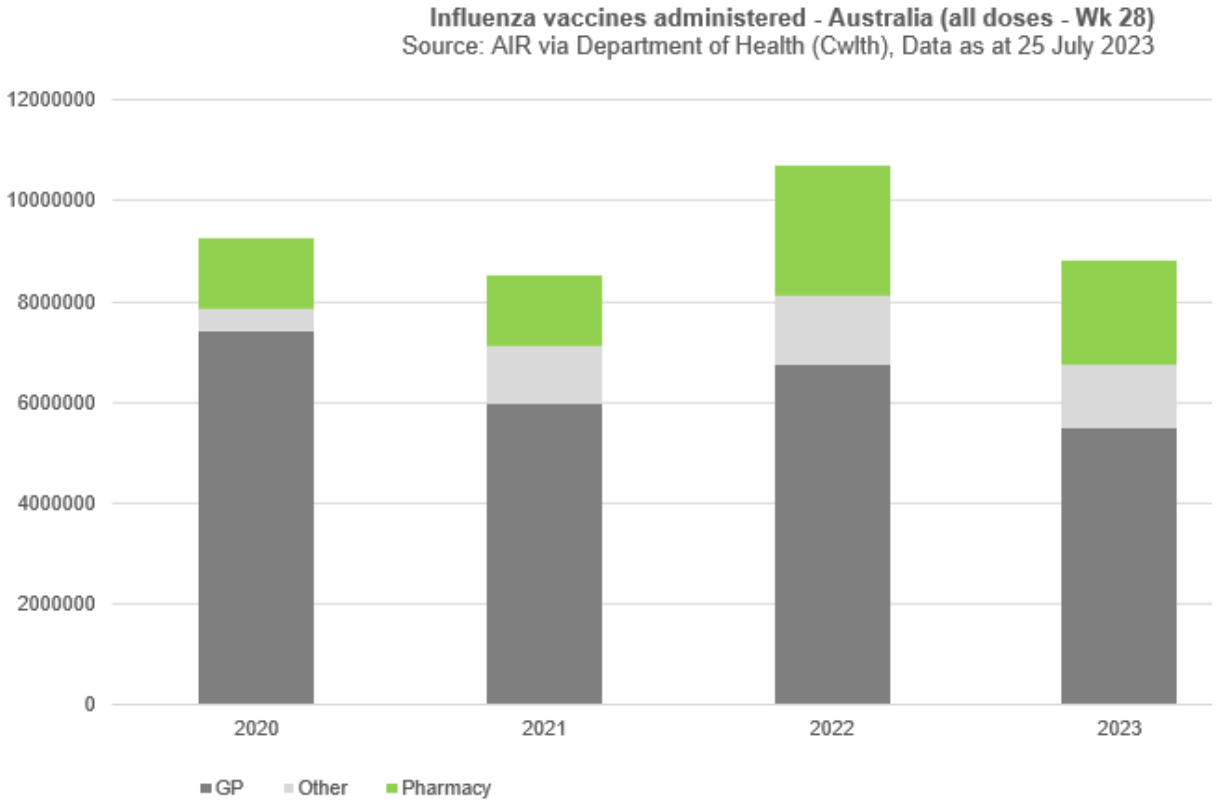

Diagram 1: Pharmacist administered influenza vaccinations in Australia

	Influenza	dTPa	MMR	COVID19	Cholera	*Haemophilus influenzae* type B	Hep A	Hep B	Men ACWY	Men B	Pneumo-coccal	Herpes zoster	Polio	HPV	JEV	mPox	Typhoid	Varicella
ACT	5+	12+	12+	5+	-	-	5+	5+	14+	-	-	50+	5+	12+	-	-	5+	-
NSW	5+	5+	5+	5+	-	5+	5+	5+	5+	5+	-	50+	5+	9+	5+	-	5+	5+
NT	10+	16+	16+	✓	-	-	-	-	-	-	-	-	-	-	-	-	-	-
QLD	✓	16+	16+	✓	16+	16+	16+	-	10+	-	16+	-	16+	-	-	-	-	-
SA	5+	10+	10+	5+	-	10+	10+	10+	10+	10+	-	50+	10+	10+	5+	-	-	10+
TAS	5+	16+	16+	5+	-	-	-	-	-	-	-	-	-	-	-	-	-	-
VIC	5+	12+	15+	✓	-	-	-	-	15+	-	50+	50+	-	12+	5+	5+	-	-
WA	5+	11+	11+	✓	-	-	-	-	11+	-	-	-	-	11+	-	-	-	-

Diagram 2: Pharmacist immuniser formulary as at 22 September 2023. Purple border indicates vaccines added to formulary since February 2019. Numbers denote minimum age pharmacists are legally authorised to administer to.

Questions

1. *What do you think has been the biggest achievement / progress of **Pharmacists in 2023**? Why is this achievement so important?*

Beyond 2023

Challenges facing Australia's health system

The Australian health system is widely regarded as being world class, although like most health systems globally, it has been acutely challenged by the COVID-19 pandemic and other public health emergencies. The dramatically increased health burden laid bare long-term challenges our nation faces in continuing to support universal access to health care.

In early 2020, the Australian Institute of Health and Welfare reported 1 in 4 patients did not see a general practitioner (GP) when they felt they needed to, and half of these patients said it was because they could not get an appointment.[iii] These challenges have since worsened, with a report from Deloitte estimating Australia will face a GP workforce shortage of over 11,500 GPs by 2032.[iv] Patients' struggle to access care is expected to continue to worsen.

Access block is increasingly presenting as ambulance ramping and surging presentations to emergency departments.[v] This adds to other indicators of demand and access which suggest a primary care system not coping with current demand for services.

Despite a growing workforce, healthcare workers – including pharmacists – are struggling to keep pace with the increasing health needs of the population. It is predicted the health workforce would need to grow from 11% to 45% of the total Australian workforce by 2050 to meet this demand (Diagram 3).[vi] Without system-wide reform, this is clearly unachievable.[viii]

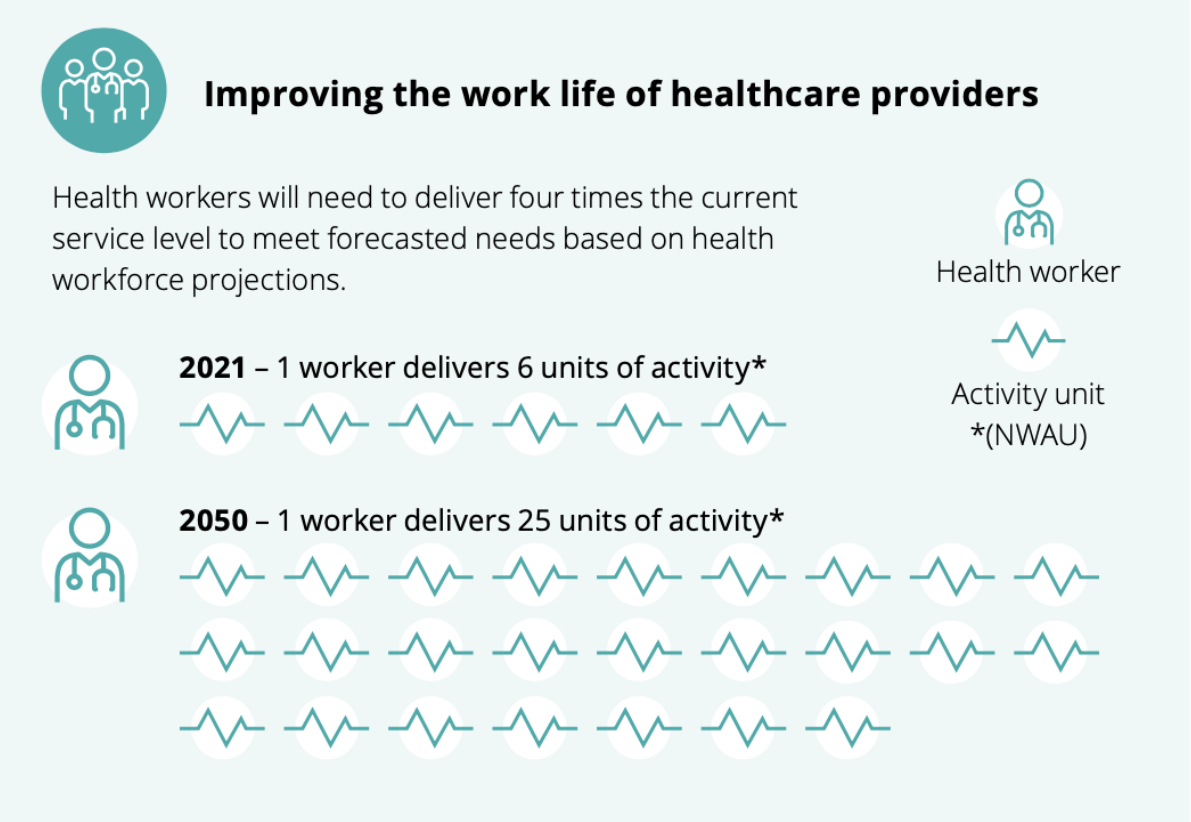

Diagram 3: Future health workforce needs in Australia (Deloitte)[vi]

Megatrends/health landscape

Individualised care and customised therapies

Patient health data, genetics, and other factors are increasingly used to tailor treatments to each person. This has been long foreshadowed, but has accelerated in recent years with improved accessibility to genetic testing and investment in technology for production of biological therapies.

Examples of individualised therapy interventions include:

- vaccines
- biological therapies
- pharmacogenomics.

As these treatments and scientific understanding evolve, pharmacogenomics and individualised therapy should improve the health of patients and potentially reduce cost burden. They also create new challenges, such as increasing complexity of care, increasing workforce education needs and increasing disparity between those who can afford care and those who cannot.

Digitisation and integration

The use of technology and digital platforms can improve healthcare delivery, such as telemedicine, mobile health apps, wearables, and remote patient monitoring. It can lead to[vii]:

- more coordinated and more efficient health care
- improvements in safety and quality of care from better system design
- analysis of data in real time to provide more effective care, and
- improved access to the skills and knowledge of health professionals through telehealth.

The pace of societal acceptance, demand for and adoption of these technologies, while not uniform, is outpacing the ability of the health workforce, regulation, and health systems to support these technologies. The results are workflows which are inadequately integrated and require often inefficient workarounds.

Digitisation which is well integrated has the ability to supercharge safety and efficiency,[vii] but also risks increasing disparity with older and vulnerable populations who may not have access to them or take longer to adopt them, or a health workforce overwhelmed by data and information.

The evolution of artificial intelligence (AI) and machine learning has the potential to support safety and efficiency in patient care, but it is difficult to predict its likely direct impact on providing health services.

Ageing population with increasingly complex health needs

As the population ages, there is a growing need for healthcare services and solutions that are tailored to the unique needs of older adults. This includes tailoring care for the increased burden of disability associated with age (e.g. hearing, vision, mobility), concomitant management of multiple chronic health conditions and an evidence-base for health interventions not easily extrapolated for provision of care to very old people.

Inadequate medical workforce, especially in rural/remote areas

There are many towns without a regular GP available. In towns that do have regular access to a GP, there is often difficulty in securing locums to cover leave periods. GP workforce issues are expected to grow to a shortage of over 11,000 by 2032.[iv] Modelling suggests these shortages will be most felt in suburbs in outer metropolitan areas where populations are rapidly growing.

While medical workforce shortages are not as acute in major hospitals, rural and regional centres continue to struggle to sustain their hospital workforces.

Disparity, especially fee-for-service in middle-income and wealthier areas

Health care is becoming increasingly unaffordable for many Australians. Rates of bulk-billing for Medicare-funded services, traditionally a measure of universality, is declining, while out-of-pocket costs are increasing.

Australia's current response to these megatrends and challenges

Australia's planning for these long-term health needs has seen significant investment in our acute care sector, with substantial growth in workforce in tertiary care – including hospital pharmacists. Primary care in contrast has not been subject to such structured reform, investment, or workforce support.

Fee-for-service remuneration continues to dominate funding models, which continue to focus care on treatment of illness rather than maintenance of health and wellbeing. As explored in the *Strengthening Medicare Taskforce Report*,[viii] these fee-for-service models continue to promote a one-size-fits-all approach to care rather than person-centred solutions. The result is a primary care system which is bursting at the seams with increasing and seemingly insatiable demand, and this demand is overflowing into the hospital system.

One response to this has been to remove barriers to pharmacist full scope of practice, which is allowing pharmacists to incrementally extend current scope of practice regarding prescribing, dispensing, administration and review of medicines. This has particularly been the case with prescribing via structured arrangements and administration of vaccines. More substantial growth in scope of practice of health professionals is a likely outcome of the *Unleashing the Potential of our Health Workforce – Scope of practice review.*[ix]

The discussions of an early 8th Community Pharmacy Agreement provides an opportunity to embed practice changes to address these challenges sooner, rather than later.

State and federal governments have committed to supporting pharmacists to do more to improve efficiency and access to health services in Australia. However, the Taskforce notes "*implementation of alternative funding models will be a key challenge for the foreseeable future in the management of chronic disease*". If a user-pays model is adopted, costs will be a barrier to many people and the access benefits sought in the Taskforce's report and Pillar 1 of the *National Medicines Policy*[xi] will not be fully achieved.

The revised National Medicines Policy provides a structure of which rational and effective medicine use can be assessed. As the medicine experts, pharmacists will be critical in the achievement of these intended outcomes:

National Medicines Policy Pillar	Intended outcome
Pillar 1 Equitable, timely, safe and reliable access to medicines and medicines-related services, at a cost that individuals and the community can afford	• Medicines and medicines-related services are affordable and accessible in an equitable, timely and safe manner, leading to the achievement of the best health, social and economic benefits for all Australians.
Pillar 2 Medicines meet the required standards of quality, safety and efficacy	• Australia's medicines regulatory processes are efficient, protect health and safety and are trusted by the community. • Medicines are safe and effective, and their labelling and supporting information is readily available and supports the safe and quality use of medicines.
Pillar 3 Quality use of medicines and medicines safety	• Individuals, their families and/or carers are empowered to actively participate in shared decision-making in relation to the safe and quality use of medicines and medicines-related services in the prevention, management and treatment of a specific health condition or indication and for the maintenance of good health. • Adopting a person-centred approach, health professionals commit to, are trained and proactively supported to implement programs and initiatives to achieve the safe and quality use of medicines.
Pillar 4 Collaborative, innovative and sustainable medicines industry and research sectors with the capability, capacity and expertise to respond to current and future health needs	• Thriving, dynamic medicines industry and research sectors that are proactively supported to contribute to meeting current and future health needs in Australia and internationally. The sectors work within a positive, sustainable and responsive policy environment that delivers and promotes world-class innovation, including encouraging the development and commercialisation of medicines, new technologies and related services. • A diverse medical research sector that generates high-quality evidence, strategies, systems and processes, which support ongoing improvements in the quality use of medicines and medicines safety. • Collaborative, robust, efficient, and reliable supply chains and networks that deliver equitable, timely, affordable and safe access to medicines and medicines related services throughout Australia.

Diagram 4: Pillars and intended outcomes of the National Medicines Policy [xi]

Questions

2. *Are there other megatrends which should be considered in the formation of* ***Pharmacists in 2030?***

3. *How can pharmacists contribute to the achievement of the intended outcomes described in the revised National Medicines Policy?*

International horizon scanning

Environmental scanning of international strategies and literature has identified key documents which can inform and validate PSA's next plan for the profession. This includes national plans similar to *Pharmacists in 2023*, and global strategy documents which help guide policy development.

The International Pharmaceutical Federation (FIP) Development Goals, launched in September 2020, aim to support the transformation of the pharmacy profession over the next decade globally, regionally and nationally. The Development Goals reflect issues which are universal to all health systems and require ongoing focus. They aim to transform pharmacy in alignment with wider global imperatives described in the UN Sustainable Development Goals (SDGs).

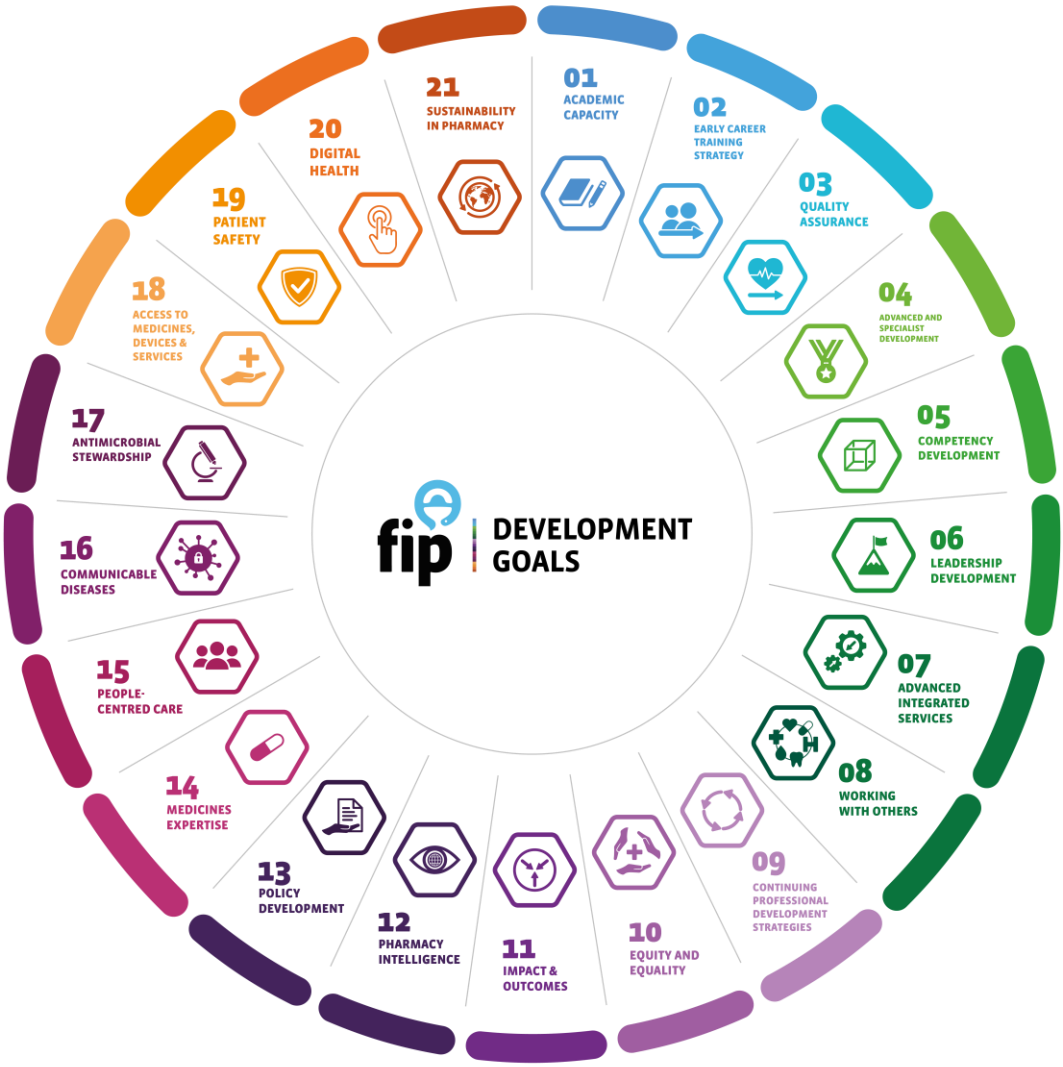

Diagram 5: FIP Development Goals[x]

Pharmacists towards 2030: Areas of increased focus

PSA has reviewed the FIP Development Goals, as they relate to pharmacy practice, against *Pharmacists in 2023*. This has identified gaps in relation to equity and equality (Goal 10), pharmacy intelligence (Goal 12) and sustainability in pharmacy (Goal 21).

Following initial mapping work, the following areas have been determined as needing greater focus as we evolve *Pharmacists in 2023* into the next plan for pharmacy practice in Australia:

Putting people at the centre of their care

While person-centred care is a stated objective in most health policies, we need to do more to empower consumers to be active participants in their health – including in goal setting, decision-making and sharing lived experience. Partnership and collaboration are crucial to this.

This consultation paper deliberately places strong focus on listening to consumer experience and understanding **what consumers want, need and prefer** in the care and support pharmacists provide.

Improving access to care

Our health system is increasingly experiencing pinch points which cause access delays to care. These include:

- wait times to access GPs, medical specialists and dentists
- wait times for elective and non-elective surgery, particularly in the public hospital system
- delays at emergency departments, ambulance callouts and ramping

There are clear opportunities to harness the potential of community pharmacists as the most accessible health professionals. There are also opportunities to better use pharmacists in other practice settings to improve access to care.

This consultation paper extensively explores aspects of health in which pharmacists can be **more productive** and **more integrated** within the health system through appropriate support and removal of regulations impeding the gains.

Addressing inequality and inequity

Health systems globally, including Australia,[xi] are recognising that health outcomes are increasingly inequitable, and recognising more needs to be done to address the disparity of health outcomes experienced by some population groups due to complex disadvantage they experience in their lives. PSA's flagship *Medicine Safety* report series have helped demonstrate this and make the case for change.

Examples of priority groups who experience health inequity include, but are not limited to:

- Aboriginal and Torres Strait Islander peoples
- people from culturally and linguistically diverse backgrounds
- LGBTQIA+ people
- people living with disability
- people living in rural and remote areas
- people of low socioeconomic status
- people living with rare and under-recognised diseases
- people living with mental ill health
- children and older Australians
- pregnant and breastfeeding women.

This consultation seeks to understand the **unique needs** of individuals and groups who experience disadvantage to help develop solutions which reduce inequity and inequality in care.

Environmental sustainability

Climate change is a significant risk to human health and wellbeing. Health care also contributes 7% of Australia's total carbon emissions – equivalent to the total carbon output of South Australia.[xii]

Pharmacists have a responsibility to reduce this impact, both through leadership and in individual practice.

This consultation seeks to better understand **partnerships, initiatives** and **measures** pharmacists can take to reduce the health impact of climate change and reduce the health industry's impact on the environment.

Workforce sustainability

Demand for pharmacist services continues to grow rapidly. The typical pharmacist in Australia is female, aged 30-35 years and more likely than previous generations to work part-time or hold multiple concurrent jobs.

Early career pharmacists continue to report dissatisfaction with lack of formalised career pathways (except within some hospitals and academia). Advanced practice practitioner development credentialing has yet to adequately address this profession-wide.

This consultation seeks to **explore strategies** to address these challenges.

Wellbeing of pharmacists

Pharmacists report burnout and fatigue, including prior to the COVID-19 pandemic. Workload, lack of respect for expertise and inadequate recognition of professional contribution are cited as contributing factors.[xiii,xiv,xv]

Pharmacists also report examples of verbal abuse – and in rare cases assault – experienced in their practice.

This consultation seeks to **identify strategies** which are tangible and will meaningfully improve the wellbeing of pharmacists.

Data intelligence

While Australia is a global leader in practice research, systems to provide intelligence into the safety, effectiveness, and quality of health services lag behind other nations, particularly in primary care. This makes it difficult to understand value (costs v benefit) of health care, including pharmacist care.

Digital health systems provide opportunities to implement mechanisms which measure and monitor service impact and outcomes in a way which does not unreasonably burden the health workforce with additional administrative tasks.

These systems need to[x,xi]:

- be based on agreed definitions and standards, quality and performance indicators
- contain real-world outcomes metrics (including public and patient-reported outcomes), and
- provide intelligence for all professional services, from essential to advanced and specialised
- refine policies and programs for quality improvement.

This consultation seeks to **understand what existing data are recorded** which could be better aggregated to report on the value of care.

Clinical stewardship

Clinical stewardship describes the activities, strategies and coordinated interventions designed to improve the use of medicines. Traditionally applied to antibiotics, the concept of stewardship has more recently also been applied to other areas of widespread medicine overuse, such as opioids, benzodiazepines and antipsychotics.

While all pharmacists play a role in promoting appropriate medicine use, pharmacists on-site in care teams (e.g. hospitals, aged care, general practice) often have defined leadership responsibilities to improve prescribing and use of these medicines in a facility or practice.

This consultation seeks to **identify strategies** for pharmacists to take a more active leadership role and drive better medicine use through clinical stewardship.

Pharmacists towards 2030: Areas of maintained focus

Medicine safety

Pharmacists in 2023 proposed an ambitious medicine safety agenda. As this consultation paper has explored, there have been some substantial achievements, as well as substantial challenges to reducing preventable harm caused be medicines.

There is still a long way to go in delivering on the promise of the NHPA (see p. 8). Medicine safety is in the DNA of pharmacists, and there are substantial opportunities to harness this expertise and custodianship to improve patient safety.

Nearly everything pharmacists do, in some way, contributes directly or indirectly to safer or more effective medicine use.

This consultation seeks **to prioritise actions and system changes** which will have the greatest impact on the safe and effective use of medicines in Australia.

Scope of practice

A number of actions within *Pharmacists in 2023* proposed growth and evolution of pharmacists' scope of practice, in relation to authority or supporting competence and accountability.

Prescribing, administration of medicines and screening/risk assessment were focuses of this document. There is however more to do before full-scope-of-practice is realised.

This consultation seeks to gain additional **insight into opportunities** for more pharmacists to practise at top of full scope.

Integration of pharmacists in care teams

Pharmacists in 2023 drove a strong agenda of on-site and embedded pharmacists' roles (see p. 11). This consultation seeks to **explore approaches** which will support further integration of pharmacists into settings wherever medicines are prescribed, supplied, administered or reviewed.

Consultation areas of focus

Each of these areas for maintained and increased focus are addressed in this consultation:

Consultation area	Area of maintained focus	Area of increased focus
1. **What consumers need from pharmacists**	• Medicine safety • Scope of practice	• Person centred care • Access to care
2. **Access to pharmacist care, skills, knowledge, and expertise**	• Medicine safety • Integration of pharmacists in care teams	• Equity/equality • Clinical stewardship • Access to care
3. **Scope of practice / range of services**	• Medicine safety • Scope of practice	• Equity/equality • Access to care
4. **Professional capability building and motivation**	• Medicine safety	• Workforce sustainability • Pharmacist wellbeing
5. **Increasing sustainability in service delivery**	• Medicine safety	• Data intelligence • Environmental sustainability • Access to care

1. What consumers need from pharmacists

Themes: *patient-centred care, access to care*

In our 2018 consultation, consumers told us that they wanted more services from pharmacists which used their expert knowledge of medicines. Consumers also told us that pharmacists should be remunerated more for more complex services.[xvi]

Annual surveys continue to show pharmacists as one of the most trusted professions. This trust reflects both the ethos of the profession, as well as patient experience with care they consider to put their health needs first.

85% of consumers would be happy for a pharmacist to prescribe a Schedule 4 medicine in some situations

CHF 2023 prescribing survey

Consumers and consumer organisations have expressed confidence in pharmacists taking on more clinical autonomy in their work, provided appropriate checks and balances are in place. For example, a recent Consumers Health Forum survey indicated consumers are broadly supportive of pharmacist prescribing[xvii]:

- 85% (n=131) stated they would be happy for a pharmacist to prescribe a Schedule 4 medicine in some situations
- nine in ten people supported a role for pharmacists in providing repeat prescribing, similar to an expanded version of current Continued Dispensing arrangements.

Consumers have also expressed that one-size-fits-all health service models do not work for all patients, and that health providers need to provide responsive services that meet the individual needs of every person.

With some notable exceptions, such as the COVID-19 vaccine roll-out, Home Medicines Reviews and public hospital pharmacy services, most patient-facing services provided by pharmacists – including dispensing – are either unfunded or requires a patient co-payment. This reduces accessibility of pharmacists' services to those with less capacity to pay.

2. Access to pharmacist care, skills, knowledge, and expertise

Themes: *equity/equality; clinical stewardship*

Pharmacists are medicines experts. Pharmacists have been shown to contribute towards safe, effective, and judicious medicine use at all stages medicines are used, including at prescribing, dispensing or distribution, administration, or monitoring. Put simply, pharmacist's knowledge and skills are needed at every stage of the medicine management cycle (see Diagram 6).

As custodians of medicine safety, pharmacists are increasingly performing additional roles in all parts of the medicine management cycle, including:

- checking and drawing up medicines as part of the Medical Emergency Trauma team in **hospital** emergency departments
- administration of injectable medicines in **community pharmacies**, including buprenorphine for opioid dependence treatment, broad range of vaccines, and other prescribed medicines such as insulins, anticoagulants and testosterone
- undertaking medicine reconciliation in **general practice** after transitions of care, such as when patients leave hospitals
- antipsychotic, opioid and antimicrobial stewardship use in **residential aged care facilities**

Each of these examples demonstrates pharmacists using their skills, knowledge and expertise to support medicine safety and optimising medicine use. There are many many others.

Similarly, there are services and roles where pharmacists' skills and knowledge applied do not specifically relate to use of medicines, such as:

- opportunistic screening with point-of-care tests for undiagnosed or suboptimally managed health conditions in a **community pharmacy**.

But these services aren't always available to all people at all times they are needed. Whether due to health system structures, funding models, workforce limitations or patient cost. If we are to be successful in making the use of medicines safer and limit unnecessary hospital admissions, prolonged hospital stays or worse, more needs to be done to make pharmacists accessible whenever and wherever medicines are used.

Diagram 6: Medicine management cycle[xix]

Questions

4. *Where do current health systems **create inefficiencies** or barriers to pharmacists working effectively within the healthcare team to support patient wellbeing?*

   You may wish to comment on,for example, regulatory barriers, workflows which are duplicative, inflexible funding arrangements, systems which are not effectively integrated, patients required to repeat health information frequently to different health providers, cultural barriers, limitations of funding models which prevent pharmacists preventing harm from medicine occurring.

5. *What are some examples of these?*

   For example:
   (a) funding models which exclude pharmacists from being remunerated to participate in chronic disease management case conferencing means medicine related problems are often not identified at times when key treatment plan decisions are made with patients and their families.
   (b) hospital discharge summaries are not routinely sent to a patient's community pharmacy, which may delay revision of the contents of a Dose Administration Aid, and potentially lead to patient harm
   (c) administrative burden of receiving faxed prescriptions, then the prescriber posting paper prescriptions to pharmacies and then reconciling prescriptions is time consuming and increases the risk of human error.

6. *How do we sustainably design and fund **equitable**, **universal access** to pharmacists for all patients?*

   For example:
   Unique and flexible funding and program design strategies are needed to promote vaccination and increase vaccination coverage and protection against vaccine-preventable diseases for people in vulnerable population groups (page 19)

   Concession pricing and a safety net exists for PBS prescriptions, but no similar system exists to support equity in access to other pharmacist-led health services, both within the community pharmacy sector or other settings of pharmacists' practice.

7. *How can pharmacists contribute to **equitable access to health care**, particularly for **priority populations**?*

8. *How do we sustainably expand access to **pharmacist expertise** to be available **anywhere a medicine is prescribed, dispensed, supplied or administered**?*

9. *How do we further **empower pharmacists to lead medicine stewardship** wherever there are medicines, such as in primary care, aged care and hospital-based roles (e.g. opioid stewardship, antimicrobial stewardship)?*

3. Scope of practice / range of services

Themes: *Equity/equality*

Scope of practice refers to the boundaries within which a health professional may practise. Each individual will have their own specific scope of practice which reflects their skills/knowledge, authority, and accountability (See Diagram 8).

Some of the absolute limits of this scope are set externally – such as registration standards, professional practice standards and limits of legal authority. Other aspects of scope grow naturally or deliberately with an individual pharmacist as they develop knowledge, experience, and skills through their career.

For example, administration of intramuscular injections is a skill which many pharmacists have developed through pharmacist-initiated vaccination. This skill can subsequently be applied to other intramuscular injections provided the pharmacist has the requisite knowledge and authority.

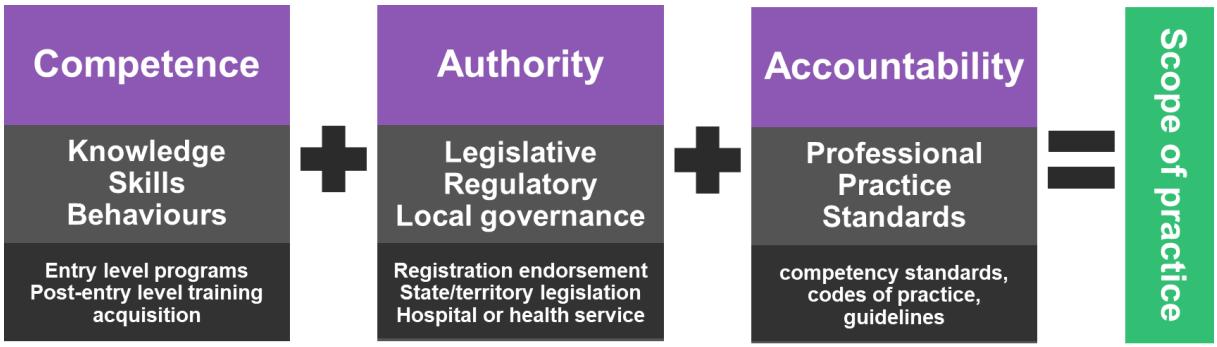

Diagram 8: *What is scope of practice?*

Individual scope of practice provides opportunities for each pharmacist to customise their practice to the local needs of the populations they serve, particularly vulnerable communities.

As we look to the megatrends affecting health care in Australia, and the challenges our health system faces, the evolution of scope of practice for all health professionals – including pharmacists – needs to be guided by workforce development, supported by education, guidelines, standards and enabled through relevant regulatory or governance changes.

Prescribing

Pharmacists in Australia have been safely prescribing for generations, but until recently, 'prescribing' wasn't a term often used to describe prescribing activities such as supply of over-the-counter medicines, authorising emergency supply or initiation of a vaccine.

More recently, scope of practice pilots have considered the potential for community pharmacists to prescribe more medicines in response to access issues. Specifically, this has included treatment of acute conditions (e.g. urinary tract infections in women) and authorising ongoing

supply of a repeat prescription for stable chronic health conditions (e.g. Continued Dispensing and emergency supply regulations).

The *National Competency Standards Framework for Pharmacists in Australia 2016*[xviii] and the recently updated *Professional Practice Standards*[xix] provide an accountability structure for pharmacist prescribing which can be applied to both current and emerging prescribing activities.

As this consultation paper has highlighted, pharmacist prescribing is one significant area where scope of practice expansion could help pharmacists respond to Australia's looming health challenges. These expansion of scope changes should initially focus on where pharmacists can make the greatest impact on improving access to care, equity of care and medicine safety improvements.

Benefits of pharmacist prescribing

Pharmacist prescribing can improve timely and safe access to care to deliver benefits for patients and the community, for example:

- improving patient safety through increased monitoring and timely resolution of medicine errors
- ensuring continuity of care and uninterrupted access to long-term, essential medicines
- flexibility to support for a person's individual healthcare needs or preferences
- reducing need to visit multiple health professionals and enabling more timely access to dosing adjustments and optimal medicine dosing.

Diagram 9: Benefits of pharmacist prescribing[xx,xxi]

Questions

10. What are the most significant medicine safety problems pharmacists should focus on addressing?

Examples of medicine safety problems include, but are not limited to:
- Prescribing, dispensing and administration errors
- Emergency department presentations or hospital admissions due to adverse effects of medicines
- Medicine non-adherence resulting in an adverse health event
- Overuse or unnecessarily prolonged use of antipsychotic medicines or sedative medicines
- Unavailability of 'rescue' medicines such as adrenaline, salbutamol, naloxone or nitrates in an emergency

11. What are the most important scope of practice changes required for pharmacists to respond to these problems between now and 2030 to contribute to a sustainable health system?

Examples of scope of practice changes could include, but is not limited to:
- Greater role in administration of medicines, including injectable medicines
- Expanded legal authority to initiate or authorise use of medicines
- Greater role in dose adjustment or discontinuation of medicines where those medicines are harmful/no longer beneficial

4. Professional capability building and motivation

Themes: *workforce sustainability, pharmacist wellbeing*

Pharmacists are tertiary trained health professionals, completing an equivalent five-year course of study (undergraduate degree and a supervised intern year) to become a pharmacist. Pharmacists must also complete annual continuing professional development activities relevant to their practice.

Some services require specific qualifications or certifications, for example;

- pharmacist immunisers must complete an **approved course** and maintain a current first-aid certificate and statement of proficiency in cardiopulmonary resuscitation (CPR)
- pharmacists conducting Home Medicines Reviews must be **accredited/credentialled** to be eligible to be remunerated for this work

Employers such as hospitals, community pharmacies or aged care facilities also set training and development requirements for specific services.

In countries with more advanced pharmacy practice, credentialling is one option which has been implemented to support pharmacist development and quality assurance. Other countries have focussed more on self-directed learning.

Qualitative consumer feedback has suggested additional training requirements provide confidence and reassurance to patients that pharmacists can undertake expanded roles safely.

The Department of Health and Aged Care engaged the Australian Pharmacy Council (APC) to develop accreditation standards and an accreditation system for training programs to credential pharmacists to undertake the role of an aged care on-site pharmacist and conduct medication management reviews.

The Pharmacy Board of Australia also engaged the APC to develop accreditation standards for pharmacist prescriber training programs.

Question

12. *What innovation in workforce training could be adopted to facilitate scope of practice changes?*

Workforce sustainability

Australia's pharmacist workforce has grown 15.8% since 2015, with growth in hospital pharmacy outstripping pace of growth in other practice settings.[xxii] Despite this increase, there are locations within Australia where recruiting pharmacists is difficult.

In 2016, there were approximately 100 pharmacists per 100,000 population in major cities, compared to 75-80 per 100,000 population in regional areas, and 50 per 100,000 population in very remote areas.[xxiii]

As outlined in this paper, workforce shortages are expected to worsen in the future as demand for health workers exceeds workforce capacity.

Measures which lower the attrition rate of pharmacists within undergraduate courses and the wider profession could increase workforce sustainability. Pharmacists have reported improved remuneration, more flexible work arrangements, sustainable workloads, more diverse career paths, greater integration within a health team and supportive work arrangements could increase likelihood to stay in the profession.

13. What strategies are needed to attract future pharmacists to the profession?

14. What strategies are needed to retain current pharmacists in the profession?

15. What strategies are required to facilitate pharmacists' career progression?

Pharmacy assistants and technicians

Overwhelming feedback from the profession has indicated the role of pharmacy assistants will be critical in enabling pharmacists to provide highest quality care in many settings where pharmacists practise. Some hospital pharmacies have developed technician development pathways based on the success of overseas pharmacist models. These models include checking technicians and other roles enabled through registration of non-pharmacist support technicians.

Community pharmacy has Certificate II, III and IV training modules for pharmacy assistants and dispensary technicians, but attaining these qualifications is not currently a prerequisite for specific clinical and administrative tasks, with the exception of a unit of competency in the supply of *Pharmacy Medicines* and *Pharmacist Only Medicine*s.

Question

16. What roles should pharmacy assistants take up or contribute to?

Pharmacist wellbeing

Professional practice guidelines for pharmacists recommend safe dispensing volumes and quantities, however, these are difficult to track or monitor. More significantly, they don't reflect transformational changes in pharmacy practice, whether that be in a community pharmacy, hospital pharmacy or other emerging practice settings.

Pharmacists are known to work through rest and meal breaks, particularly in roles where they are the sole pharmacist on-duty and clinical activities cannot occur when they are on a break.

These issues were magnified during the COVID-19 pandemic, where additional workload of vaccination, infection control procedures, delivery services, staffing shortages and responding to increased primary care queries due to unavailability of other health providers led to overwhelming workload and deep burnout of many pharmacists.

These challenges have consequences. The impact of overwork and stress is known to lead to an increase in medicine errors. It also leads to dissatisfaction with work and increased likelihood of leaving the profession.[xxiv,xxv,xxvi]

17. What strategies are required to support pharmacists' wellbeing?

For example:
- Employee Assistance Programs (EAP) can be used to support employee wellbeing
- Some health settings use patient ratios or other forms of safe work limits
- Some health settings have mandatory rest periods to support patient and staff safety
- Workplace modification can improve comfort, productivity, satisfaction and wellbeing

5. Enhancing sustainability in service delivery

Themes: *data intelligence, environmental sustainability*

Driving data informed health care

It has been recognised for many years that system and service design needs to be data intelligence-led. Despite this, few measures exist in primary care – including in services pharmacists perform – to demonstrate the clinical value and impact of these health services. This has made it difficult for the health system to assess the value of specific services, interventions or models of care across primary care, including general practice, community pharmacy and allied health.

Clinical indicators are used to measure and quantify the safety and quality of patient care. They can be used to recognise and incentivise effective, safe health care. The revised National Medicines Policy[xi] has again recognised the need for clinical indicators and quality measures.

Practice standards and guidance can be used to develop clinical indicators. The restructured and reimagined Professional Practice Standards, released in July 2023, for pharmacists provides an opportunity to guide development of clinical indicators for any service which pharmacists provide.

It is vital that collection, collation and reporting of such data does not add additional administrative impost to the role of clinicians, such as pharmacists, as the health workers performing these roles already have full workloads.

Questions

18. *What information which **is** currently recorded can be better used to evaluate the value of health services pharmacists deliver?*
19. *What information which **is not** currently recorded or reported is needed to evaluate the value of health services pharmacists deliver?*
20. *How do we further empower pharmacists to implement and monitor the delivery of professional services in their areas of practice?*
21. *How can this be done without creating an unreasonable administration burden for pharmacists and their teams?*
22. *How might advancements in Artificial Intelligence (AI) technologies enhance and transform the responsibilities and impact of pharmacists in Australia?*

Improving environmental Sustainability

PSA recognises climate change as an urgent issue affecting the health of the nation and the world. Its impacts disproportionally affect populations of social and health disadvantage. Climate change is already impacting human health. Increased zoonotic diseases and heat stress, reduced air and water quality, and growing food insecurity are just a few of the health impacts already being felt. Additionally, some chronic health conditions are sensitive to climate change, with asthma, chronic obstructive pulmonary disease (COPD), and cardiovascular and mental health adversely impacted by increasingly frequent extreme weather events.

PSA's position statement[xxvii] on environmental sustainability recognises that limiting global warming to 1.5°C and the creation of a national plan to transition the healthcare sector to net-zero carbon are imperative to protect the health of all Australians. As a health issue, pharmacists have a professional obligation to work towards limiting the negative health impacts caused by climate change.

PSA also recognises the importance of creating environmentally sustainable practices across the network, including, where possible, influencing more sustainable supply chain and manufacturing processes. With climate change affecting health, PSA will support pharmacists to fulfil their professional obligation to provide appropriate clinical care that is environmentally sustainable, both locally and globally.

Questions

23. How does pharmacy as a profession improve its environmental sustainability?

For example:
(a) initiatives or measure to reduce the profession's carbon footprint
(b) measures or initiatives which improve air quality
(c) how to improve waste management and use of single use packaging
(d) educate and support patients and the public to embrace and implement sustainability practices
(e) agitate for policymakers to consider environmental sustainability into regulatory processes for medicine registration.

How to provide feedback

The consultation will be used to help develop our next strategic plan for pharmacists in Australia.

Questions have been developed to elicit the richest possible response from each person who wishes to provide feedback. However, all individuals and organisations are welcome to address any or all of the questions in this paper.

Who should respond to this consultation?

Feedback from all interested parties is welcome. In particular, PSA is seeking feedback from:

Patients and consumers	Pharmacists	Health stakeholders
• Consumer organisations • Individual health consumers/patients	• PSA Branch Committees • PSA Communities of Specialty Interest • PSA members • Other pharmacist stakeholders	• Health service providers

PSA is also planning a consumer survey and pharmacist survey to inform *Pharmacists in 2030*.

When do I need to respond by?

The consultation period will close at **5.00 pm AEDT** on **Friday 3 November 2023.**

When do submit comments?

Comments can be submitted via the online consultation portal at:

https://www.psa.org.au/pharmacistsin2030/

If you would like to submit an organisational PDF response, or short email comments, please email the response to:

policy@psa.org.au

PSA will also be conducting other targeted consultation activities during the consultation period.

Appendix

Consolidated questions list

1. *What do you think has been the biggest achievement / progress of **Pharmacists in 2023**? Why is this achievement so important?*

2. *Are there other megatrends which should be considered in the formation of **Pharmacists in 2030?***

3. *How can pharmacists contribute to the achievement of the intended outcomes described in the revised National Medicines Policy?*

4. *Where do current health systems **create inefficiencies** or barriers to pharmacists working effectively within the healthcare team to support patient wellbeing?*

   You may wish to comment on regulatory barriers, workflows which are duplicative, inflexible funding arrangements, systems which are not effectively integrated, patients required to repeat health information frequently to different health providers, cultural barriers, limitations of funding models which prevent pharmacists preventing harm from medicine occurring etc.

5. *What are some examples of these?*

   For example:
   (a) funding models which exclude pharmacists from being remunerated to participate in chronic disease management case conferencing means medicine related problems are often not identified at times when key treatment plan decisions are made with patients and their families.
   (b) hospital discharge summaries are not routinely sent to a patient's community pharmacy, which may delay revision of the contents of a Dose Administration Aid, and potentially lead to patient harm
   (c) administrative burden of receiving faxed prescriptions, then the prescriber posting paper prescriptions to pharmacies and then reconciling prescriptions is time consuming and increases the risk of human error.

6. *How do we sustainably design and fund **equitable**, **universal access** to pharmacists for all patients?*

   For example:
   Unique and flexible funding and program design strategies are needed to promote vaccination and increase vaccination coverage and protection against vaccine-preventable diseases for people in vulnerable populations (see page15)

   Concession pricing and a safety net exists for PBS prescriptions, but no similar system exists to support equity in access to other pharmacist-led health services, both within the community pharmacy sector or other settings pharmacists practice.

7. *How can pharmacists contribute to **equitable access to healthcare**, particularly for **priority populations**?*

8. *How do we sustainably expand access to **pharmacist expertise** to be available **anywhere a medicine is prescribed, dispensed, supplied or administered**?*

9. *How do we further **empower pharmacists to lead medicine stewardship** wherever there are medicines, such as in primary care, aged care and hospital-based roles (e.g. opioid stewardship, antimicrobial stewardship)?*

10. *What are the most significant medicine safety problems pharmacists should be focussed on addressing?*

    Examples of medicine safety problems include, but are not limited to:
    - Prescribing, dispensing and administration errors
    - Emergency department presentations or hospital admissions due to adverse effects of medicines
    - Medicine non-adherence resulting in an adverse health event
    - Overuse or unnecessarily prolonged use of antipsychotic medicines or sedative medicines
    - Unavailability of 'rescue' medicines such as adrenaline, salbutamol, naloxone or nitrates in an emergency

11. *What are the most important scope of practice changes required for pharmacists to respond to these problems between now and 2030 to contribute to a sustainable health system?*

    Examples of scope of practice changes could include, but is not limited to:
    - Greater role in administration of medicines, including injectable medicines
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13. *What strategies are needed to attract future pharmacists to the profession?*

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15. *What strategies are required to facilitate pharmacists' career progression?*

16. *What roles should pharmacy assistants take up or contribute to?*

17. *What strategies are required to support pharmacists' wellbeing?*

    For example:
    - Employee Assistance Programs (EAP) can be used to support employee wellbeing
    - Some health settings use patient ratios or other forms of safe work limits
    - Some health settings have mandatory rest periods to support patient and staff safety
    - Workplace modification can improve comfort, productivity, satisfaction and wellbeing

18. *What information which **is** currently recorded can be better used to evaluate the value of health services pharmacists deliver?*

19. *What information which **is not** currently recorded or reported is needed to evaluate the value of health services pharmacists deliver?*

20. *How do we further empower pharmacists to implement and monitor the delivery of professional services in their areas of practice?*

21. *How can this be done without creating an unreasonable administration burden for pharmacists and their teams?*

22. *How might advancements in AI technologies enhance and transform the responsibilities and impact of pharmacists in Australia?*

23. How does pharmacy as a profession improve its environmental sustainability?

For example:
(a) initiatives or measures to reduce the profession's carbon footprint
(b) measures or initiatives which improve air quality
(c) how to improve waste management and use of single use packaging
(d) educate and support patients and the public to embrace and implement sustainability practices
(e) agitate for policymakers to consider environmental sustainability into regulatory processes for medicine registration.

Acronyms

Acronyms used in this document:

- 7CPA: Seventh Community Pharmacy Agreement
- ACCHO: Aboriginal Community Controlled Health Organisation
- COAG: Council of Australian Governments
- CSI: PSA Community of Specialty Interest
- HMR: Home Medicines Review
- IPAC: Integrating Pharmacists within Aboriginal Community Controlled Health Services to Improve Chronic Disease Management (research study)
- LGBTQIA+: lesbian, gay, bisexual, transgender, queer, intersex, asexual or other sexually or gender diverse (people)
- MRFF: Medical Research Future Fund
- MSAC: Medical Services Advisory Committee
- NHPA: National Health Priority Area
- NIP: National Immunisation Program
- OCP: oral contraceptive pill (medicine)
- PDL: Pharmaceutical Defence Limited
- PiRACF: Pharmacist in Residential Aged Care Facilities (research study)
- PSA: Pharmaceutical Society of Australia
- RMMR: Residential Medication Management Review
- UTI: urinary tract infection

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