

PHARMACISTS IN 2030: STRENGTHENING CONSUMER VOICES



Beyond engagement



Terminology

In this document, **consumer** refers to a person who is receiving care in a healthcare service organisation. 'Consumer' also extends to the person's support network, which can include authorised representatives, carers (including kinship carers), families, support workers and groups or communities.

Acknowledgements

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Acknowledgement of Country

In the spirit of reconciliation, the Pharmaceutical Society of Australia (PSA) acknowledges the Traditional Custodians of Country throughout Australia and their connections to land, sea and community. We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

We recognise that Aboriginal and Torres Strait Islander history and cultures are inseparable from Australia's collective history and culture, and are something to be proud of and celebrate. This is reflected in the recognition of the diversity of cultures, and the richness, strengths and resilience of the world's oldest living cultures. We recognise that this includes the continuation of cultural practices, including the use of bush medicines, languages and connection to Country. Aboriginal and Torres Strait Islander peoples were our first pharmacists.

We are proud that we live in the country with the world's oldest continuous living cultures, and we are playing our part to support Aboriginal and Torres Strait Islander peoples to keep these cultures alive and vibrant.

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Who we are

PSA is the only Australian Government-recognised peak national professional pharmacy organisation representing all of Australia's 39,000 pharmacists working in all sectors and across all locations.

PSA is committed to supporting pharmacists in helping Australians to access quality, safe, equitable, efficient and effective health care. 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.

FOREWORD

‘Person-centred health care’ is a phrase universally used to describe how health care should be designed and provided in a modern world. However, too often, health care which is purportedly ‘person-centred’ is commissioned, designed, regulated and delivered without genuinely and intentionally seeking the perspectives of the health consumer about what they know, want or need about their health care.

PSA wants to see this genuinely change.

This consumer insight project brought consumers deeply into the process of developing *Pharmacists in 2030*, PSA’s vision for the future of pharmacist practice. It strengthened our vision through the rich qualitative sharing of lived experiences and perspectives of pharmacist care from a broad group of consumers.

Consumers have a high degree of trust in pharmacists and have expressed their views that pharmacists’ skills and knowledge are drastically underutilised. Consumers want pharmacists to be able to do more and generally have confidence in our profession’s ability to contribute more meaningfully to their health care and our health system.

Consumers sought reassurance of transparency and professional accountability in growth of pharmacists’ roles. More significantly, they want the health system to address the substantial structural barriers which get in the way of genuine person-centred care. They want health care that is professional and safe, when and where they want to receive it.

Experiences and preferences of consumers are not unilateral, and efforts must be in place to consider engagement of a diverse population as opposed to selected number of consumer representatives.



PSA is deepening and formalising our partnership with consumers through the commitments in this document. Partnerships which have been ad hoc become our business-as-usual. We are increasing the diversity of consumer voices which shape our work through increasing the number of consumers on every advisory committee. Through these partnerships, consumers will have a much stronger voice on how pharmacist care is delivered in Australia.

I sincerely thank all consumers and consumer peak bodies who contributed to this project. PSA is committed to forging a stronger partnership with consumers and consumer peak bodies, now and in the long-term.

A handwritten signature in black ink, belonging to Associate Professor Fei Sim FPS.

Associate Professor Fei Sim FPS

PSA National President

PSA COMMITMENTS

Meaningful progress towards realising the opportunities described in this manifesto require genuine consumer partnership at-all-levels by PSA in its governance, leadership, policy development and advocacy work, as well as design of practice support resources and education products.

This approach ensures PSA's efforts are relevant, impactful and elevate the quality of health care pharmacists provide.

PSA commits to:

1

Maintain the consumer stakeholder network from the consumer insights project to inform and partner in our work

Senior PSA leadership will meet with consumer peak organisations at least quarterly.

We will partner with the consumer peak organisations in this network to identify consumers to contribute to our work as described in Commitments 2–6.

2

Involve consumers in developing our policy work, including position statements

We will seek input and feedback from consumers when forming policy and advocacy work which relates to the provision of pharmacist care to consumers.

We will work to incorporate consumer voices within governance structures of our policy work.

3

Include at least two consumers on every advisory group for development of practice guidelines and other practice support materials

Representation of at least two consumers increases consumer contribution through peer support and increases diversity of perspectives through broader lived experience.

4

Partner with consumers to share their lived experience and perspective of health care within the program of every PSA national conference

Include consumers in planning and design of education offer; and

We will meet with consumers annually as a key input into our planning of our education pipeline, including Continuing Professional Development.

5

6

Pay consumers for their expertise and input.

To comply with best practice consumer engagement, and to recognise the value of consumer input and expertise, PSA will remunerate consumers for their time and expertise in accordance with the Remuneration Tribunal and consumer peak organisation guidance.

These commitments are being incorporated into PSA's internal policies and procedures from the date of publication, and reviewed periodically in partnership with the consumer stakeholder network.



WHY WE UNDERTOOK THIS PROJECT

As part of the *Pharmacists in 2030* project, PSA commissioned consumer research in addition to feedback received in the public consultation period.

The insights of consumers helped PSA better understand the diverse and unique healthcare needs of Australian consumers, and in particular what the role they need pharmacists to play.

The result was a vision for the pharmacy profession with patient care at its centre, better harnessing the skills and expertise of pharmacists.

However the benefits of consumer insights are broader - they are essential to support PSA's role in shaping policy, advancing the practice of pharmacists and preparing for the challenges of an ageing population with more complex health care needs



WHY WE PUBLISHED THIS REPORT

Sharing what we've heard

In publishing this report, PSA is fostering transparency by communicating to consumers that we have listened and have heard what they have told us – both in areas of strength and opportunities for improvement in system and individual factors which affect pharmacist practice.

This report shows our stakeholders consumers' willingness for expanding pharmacist scope of practice to consumers, and the key attributes to implementation which are important to consumers.

Commitments for meaningful partnership

In this report PSA makes key commitments to integrating consumer voices in a range of initiatives.

Publishing these commitments keeps PSA accountable to the consumers who generously contributed to this project, their nominating organisations, and to the Australian community more widely.



WHAT WE DID

The Consumer Insights project was commissioned by PSA to gauge consumer views on their experiences of contemporary pharmacy practice, scope of practice and the future of pharmacist care.

Fourteen consumer focus groups were conducted between late March and mid-July 2024.

Focus groups were designed to gather a broad spectrum of insights involving people with complex, chronic conditions; older Australians; people with lived experience of mental illness; consumers from culturally and linguistically diverse (CALD) backgrounds; women; parents; young people; carers and the LGBTIQ+ community.

Each group included people living in regional, rural and remote Australia and First Nations people. A one-on-one interview was conducted with one consumer unable to make the scheduled group time.

Consumers were nominated by the following organisations which represent the interests of health consumers:

- Consumers Health Forum of Australia
- Australian Patients Association
- Chronic Disease Prevention Alliance
- Health Care Consumers ACT
- Council on the Ageing Australia
- Older Persons Advocacy Network
- Australian Multicultural Health Collaborative (FECCA)
- Lived Experience Australia
- Australian Women's Health Alliance (formerly Network)
- Carers NSW
- LGBTIQ+ Health Australia
- headspace: the National Youth Mental Health Foundation
- Child Unlimited

- Multicultural Communities Council of Illawarra
- Coordinare (Southeast NSW PHN)
- Capital Health Network (ACT PHN)

Each focus group was conducted online for 90 minutes, involving an average of six to eight participants; close to 100 consumers were engaged in the discussions. All discussions were recorded and transcribed using Microsoft Teams with participant consent.



14

focus groups



~100

Consumers



4

months duration



90 minute

semi structured
qualitative discussion



Current experience
Scope of practice
Future of care



Our project consultant

Leanne Wells

Leanne is an independent health consultation and consumer advocate with a longstanding career in primary care and health consumers affairs.

Ms Wells has held executive positions within government and in national and state non-government organisations, including serving as the CEO of the Consumers Health Forum.

She is presently a serving Board Director of the Australian Commission on Safety and Quality in Health Care as well as being engaged in the work of Primary Health Networks (PHNs) and the Australian Social Prescribing Institute for Research and Education.

Leanne's work was also supported by Alison Carabine who contributed editorial assistance and review.

WHAT WE HEARD

From the qualitative feedback the following themes emerged:

Consumers have strong trust in pharmacists

Consumers recognise, trust and respect pharmacists as medicines experts. This trust exists with consumers individually, as well as their carers and family supports.

Consumers value strong ongoing relationships with pharmacists on whom they rely for quality and safe use of medicines, quality care and medication advice. These relationships are founded on trust, accessibility, personalised and intergenerational care.

Consumers recognised professional training and accountability frameworks such as ethical codes and professional standards as anchors for trust.

The single most dominant factor in the degree of trust consumers vest in their pharmacist, and whether or not service is considered as 'better', is a continuous relationship and the knowledge that the pharmacist knows them and their family circumstances.

"My immediate family as well as my mum and my grandmother all live in the same suburb. We all go to the same chemist. They know us all by first name. What makes it work is that there's a really good relationship and understand our dynamics as we quickly pop in to get advice. They're also a really great triage."

Female from CALD background

"You see the pharmacist and it's face-to-face: it's not a remote thing. It's still one of those places where you see the person you're talking to. I think both those things nowadays foster some trust."

Female consumer

"I have been going to the same pharmacist for over 20 years. He is highly respected in the community. Highly ethical."

Consumer

"I could see it working really well. If we could look at prescribing things like PEP (post-exposure HIV prophylaxis) and PrEP (pre-exposure HIV prophylaxis) in the short term just to get somebody through the weekend."

LGBTIQ+ consumer

"Pharmacists are specialists in medication and should work to the full scope of practice. We are leaving team members on the bench who can really add value."

Male consumer living with mental ill health

Consumers support scope of practice growth

Consumers recognise that there is a wider range of roles that pharmacists can, and should play, in the health sector. This includes authority to prescribe some medicines, and participation in multidisciplinary healthcare teams.

Prescribing

By and large, consumers are frustrated that pharmacists are prevented from prescribing medicines for common, non-complex conditions such as diabetes, blood pressure, asthma, urinary tract infections and skin complaints.

Some were aware this is changing under prescribing pilots in some jurisdictions, with several female participants indicating they welcome prescribing for hormonal contraception and urinary tract infections.

Consumers provided general support for increased scope of **prescribing medicines**, including activities such as:

- prescription renewal for chronic conditions (i.e. Continued Dispensing)
- prescribing for acute common ailments
- making dose adjustments or substitution of medicines where safety issues are identified
- collaborative prescribing for defined areas of practice.

This feedback is consistent with consumer surveys undertaken by the Consumers Health Forum.¹

Collaborative teams

Pharmacists are thought of as a valuable resource that **should be better used to provide health care**. Consumers are favourably disposed to multidisciplinary team-based care involving pharmacists.

This includes teams of pharmacists, nurses and others within the community pharmacy setting as well as pharmacists working outside this setting in, for example, GP practices and residential aged care homes.

Consumers seek reassurance of transparency and professional accountability in the growth of pharmacists' roles. Support for expanded scope of practice is predicated on transparency regarding training and competency, and they expect collaboration with others in their care team as the norm.

1. CHF Australia's Health Panel: Results of Australia's Health Panel survey on pharmacy prescription, 2023, Consumers Health Forum, Canberra, https://chf.org.au/sites/default/files/what_australias_health_panel_said_about_pharmacy_prescription_.pdf

In addition to acute common ailments, consumers support an increased role for pharmacists in the management of chronic conditions and the provision of preventive care and wellbeing. There is support for this to occur through pharmacists working across a range of practice settings.

Consumers want more time with pharmacists

Trust and support in the local community model of pharmacy remains strong but is being challenged by high out of pocket costs and system barriers which prevent pharmacists truly partnering with patients due to time constraints.

Similarly, consumers reflected that extending pharmacists' scope of practice may raise challenges with workforce sustainability.

Structural issues which limit the time pharmacists have available to spend with each individual patient were often the primary contributor to concerns such as:

- conversations not routinely taking place in private consultation rooms
- care perceived as transactional (as opposed to individualised care)
- not routinely offering language translation services
- inability to access the pharmacist in a busy dispensary, and
- limited discussion of non-pharmacological management options.

"I'd like to see a lot of transparency around the training that was happening for them to be able to step into that role."

Young female consumer

You just feel valued. You feel the intent in their eyes and how they speak to you, you feel the care."

Female carer

OPPORTUNITIES FOR THE FUTURE

Consumers recognise accelerating models of multidisciplinary practice involving pharmacists will need changes to policy settings and funding arrangements.

Many expanded scope services will need to be delivered in private consultation rooms

Consumers explicitly expressed that acceptability of most expanded scope of practice services in community pharmacies is contingent on them being provided in a fit-for-purpose consultation space which provides visual and auditory privacy. This was particularly the case for individuals from priority health populations.

Shared experiences reflected on the necessity of private consultation rooms not only for confidentiality, but also open dialogue, personal comfort and building a care relationship.

Consumers similarly communicated access to their health information in the provision of the service, such as via My Health Record, was essential to acceptability of expanded roles. This will necessitate practitioner access to computer terminals within the consultation room.

The exponential growth of pharmacist-led vaccination services over the past decade has seen the proliferation of private consultation rooms in community pharmacies.

"It's a prerequisite that consultations beyond simple dispensing take place in privacy. If you are going to get advice about something personal from a pharmacist, you don't want to do that while you are standing in a queue at the counter where everybody is listening."

Consumer

"There are questions I should have asked and information [regarding women's reproductive and sexual health issues] I should have been given, and I chose not to because I'm in a small town and there's people all over the place who know me. I was just not gonna do that."

Young female consumer, rural

More time and support is needed to better engage and support people within priority populations

This consumer project specifically sought views of individuals from priority populations such as:

- culturally and linguistically diverse (CALD) people
- LGBTIQ+ populations
- people living with mental health conditions
- people living in rural and remote locations
- older Australians
- Aboriginal and Torres Strait Islander people.

The experiences reported by people from these communities were diverse.

Some consumers reported extremely positive experiences with pharmacists, particularly where they built up a therapeutic relationship over time with practitioners they recognised as caring and understanding of their health needs. This included individuals from all the priority populations who participated in this project.

In contrast, some people within these populations do not believe they are currently well served by the health workforce, including pharmacists. Some reported experiences of stigma and discrimination. Others reflected on structural factors, such as sparsity of health workers in their location as limiting their access to the care they need.

Examples cited by individual consumers included:

- hesitation or resistance to dispensing hormonal therapy to transgender individuals
- language or cultural barriers resulting in discussions perceived as condescending
- regulation which prevented pharmacists from providing care which was not otherwise available to them due to a lack of GPs in their rural or remote location
- concern about being paternalistic or infantilising towards people living with mental health conditions or opioid dependency

"You can only really measure the success of our healthcare networks by the experiences of the most marginalised people."

First Nations transgender person

"Pharmacists are very busy people."

Consumer

"If they are going to do all this extra work, we really need more pharmacists in the pharmacy. Otherwise, it's going to take up too much time and people are going to be waiting even longer."

Consumer

Formalising relationships with carers and families will improve patient care

Consumers' support networks – most notably their carers and families – are often a person's primary advocate and play the primary role in supporting their health and wellbeing. In this project, we heard from people in these networks that current models of care need to evolve to better recognise the role of carers, and to support carers.

Carers and families impressed the need for digital shared health records to play a much greater role in informing safe and effective health care provision, and reduce the burden of repetition needed to care for their loved ones.

The system is so bloody complex and convoluted around who can prescribe and who can't. It shouldn't be like that

Male carer

We need to get away from this medical, sickness model... Health and care within the community, not just on an individual level, but families, communities, and societies as a whole. Pharmacists could have an amazing role in advocating for that.

Female carer

"I have been judged for the medications that my son has been on."

Parent with son on neuropsychiatric medicines

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