

The Pharmaceutical Society of Australia (PSA) gave evidence at the public hearing held on 24 November 2023. PSA is pleased to provide responses to the Committee's supplementary questions.

1. Are there workforce shortages or issues for pharmacists in rural, regional and remote areas?

Significant issues affecting rural, regional and remote areas of New South Wales include:

- medicine supply
- reasonable and timely access to pharmacies
- workforce / locum pharmacist availability. Other workforce issues include high staff turnover rates, reduced pharmacist numbers and reliance on temporary staff – for example, many regional and remote pharmacies rely on a fly-in fly-out model and locum pharmacists.

There is a significant rural workforce maldistribution and pharmacists have concerns about attracting a sufficient rural workforce to adequately support rural and remote communities. There is also data to suggest that pharmacists in rural/remote areas have higher workloads. This may potentially be one of the consequences of an inability to attract or maintain pharmacists to or in these areas, but also due to people in rural, regional and remote Australia generally having higher rates of disease and poorer health overall.

PSA contends there is inadequate investment in the community pharmacy workforce in rural and remote NSW, and inadequate maintenance of the community pharmacy network which is fundamental to the health and wellbeing of people living in these areas. Although there are support programs through the Community Pharmacy Agreement, including the Regional Pharmacy Maintenance Allowance and Emergency Locum Service, some struggle to remain viable due to the level of funding being inadequate or not commensurate with additional burden, or program parameters being overly restrictive or inflexible.

While the Emergency Locum Service provides support in emergencies, engaging locums for planned leave is prohibitively expensive for many pharmacies. To promote workforce recruitment and retention in rural and remote areas, and to help manage workloads and burnout adequate locum support is required.

The Federal Government has also recently invested in a new Regional Pharmacy Transition Allowance for regional, rural and remote pharmacies to adjust and transition to Pharmaceutical Benefits Scheme (PBS) 60-day prescription arrangements. The reality is, the matrix to determine funding is based on pharmacy script volumes and some pharmacies, especially pharmacies with higher script volumes are negatively impacted by these program parameters and eligibility criteria and will be worse off in the long run.

PSA's recommendation is for the NSW Government to conduct a comprehensive review of rural health workforce support programs and initiatives, and ensure alignment of support services for the rural

pharmacy workforce with those of other rural practitioners, such as doctors and nurses. Incentives that are in place for other health professionals should equally be available to pharmacists to achieve better integration and coordination of health care service delivery.

2. Your submission covers the role of pharmacists in supporting the development of primary care in regional, rural and remote areas. Can you expand on this and where could funding be targeted to enable this support?

There is an imperative to work smarter and remove unnecessary barriers to provision of care by pharmacists. It has been a decade since a Grattan Institute report (Duckett S et al, [Access all areas: new solutions for GP shortages in rural Australia](#), 2013) suggested using pharmacists' skills better to fill the primary care gap in the lowest-access rural areas.

PSA's *Pharmacists in 2023* report (2019) included, as a priority action, to "allow greater flexibility in funding and delivery of pharmacist care to innovate and adapt to the unique patient needs in all areas, with a specific focus on regional, rural and remote areas".

These considerations are necessary to promote reasonable and timely access to the care and medicines that people in regional, rural and remote NSW need and deserve. Pharmacists are the most accessible health provider and it is important that pharmacist services available in urban areas are made available in all parts of NSW and can be delivered in a viable and sustainable manner.

PSA suggests professional pharmacist practice areas and initiatives that warrant support and targeted funding, to benefit people of NSW, include the following:

- Pharmacists to deliver care through **telehealth arrangements** to ensure all people have access to medicines-related services and medicines information. This would include Home Medicines Reviews (HMRs) and Residential Medication Management Reviews (RMMRs) via telehealth when in-person reviews are not possible. While face-to-face delivery of health services is generally preferred, digital delivery options should be available and rural and remote patients and carers supported to ensure safe use of medicines, timely referrals where appropriate, and improved health literacy. Funding for telehealth arrangements should look to support the growth of the rural workforce, with priority for rural practitioners to provide telehealth services where possible.
- **Outreach services** to adequately support pharmacists in the provision of HMRs, RMMRs and Quality Use of Medicines services face-to-face. As a priority, sufficient funding to cover travel expenses for pharmacists to visit patients to provide outreach services is needed. Outreach services to rural and remote areas can also be used to deliver other preventive health initiatives such as smoking cessation services to individuals, healthy lifestyle and self care programs to communities, and vaccination services to schools, as well as residents and healthcare workers in aged care facilities and disability care organisations.
- **Infrastructure incentives** to increase primary health care delivery, for example, IT systems, automation, and consultation rooms in pharmacies to increase capacity as healthcare hubs.
- Funding for an education program that supports pharmacists in **advanced care delivery**. This would include funding to ensure all pharmacists working in regional, rural and remote areas are trained to deliver expanded scope of practice initiatives. One example would be to offer a state scholarship for all NSW pharmacists working in regional, rural and remote areas to complete prescribing training and all other required clinical training modules relevant to the NSW expanded scope of practice roll-out.
- PSA suggests that funding for community pharmacies to deliver services could be **linked to quality, time and complexity** of pharmacist care, with additional funding for the delivery of

services in non-metropolitan regions which is currently the case for the administration of COVID-19 vaccines.

- **Palliative care and end of life care** training and services – to support more people in regional, rural and remote NSW to have access to palliative care and end of life care in a range of settings. PSA is currently developing a National Palliative Care Foundation Training Program for pharmacists under an Australian Government grants program.
- Integrate **pharmacists in Aboriginal Community Controlled Health Organisations**. The Medical Services Advisory Committee provided a positive recommendation to support public funding to integrate pharmacists into ACCHOs to improve chronic disease management.
- Appoint pharmacists to lead and support health provider-wide clinical governance activities to reduce the avoidable harm caused by medicines, improve quality of life for individuals, and help maximise efficiency in health system operation. This includes **primary health pharmacist roles in various settings**, such as: on-site aged care pharmacists, general practice pharmacists, pharmacists in ACCHOs, pharmacists in Urgent Care Clinics, pharmacists in disability care services and pharmacists throughout NSW public health systems – including community health services. Flexible funding arrangements should be considered to enable pharmacists to work across multiple and diverse regional/remote practice sites such as community pharmacies, local hospitals, general practices, Aboriginal Health Services or residential aged care facilities. This would help to establish more coordinated and integrated care, with a particular focus on reducing medication misadventure at transitions of care and improving continuity of care and patient safety.
- Initiate and expand Opioid Treatment Program provision in NSW to adequately support patients, particularly in the context of increased demand arising from the recent reforms and implementation of the PBS Opioid Dependence Treatment Program.

PSA is happy to assist the Committee if anything requires clarification or if further details are needed.

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