

**Submission  
No 34**

**THE IMPLEMENTATION OF PORTFOLIO COMMITTEE No. 2  
RECOMMENDATIONS RELATING TO WORKFORCE ISSUES, WORKPLACE  
CULTURE AND FUNDING CONSIDERATIONS FOR REMOTE, RURAL AND  
REGIONAL HEALTH**

**Organisation:** The Society of Hospital Pharmacists of Australia (SHPA)

**Date Received:** 13 October 2023



## **SHPA submission to Inquiry into the implementation of Portfolio Committee No. 2 recommendations relating to workforce issues, workplace culture and funding considerations for remote, rural and regional health, October 2023**

### **Introduction**

The Society of Hospital Pharmacists of Australia (SHPA) is the national professional organisation for more than 6,100 hospital pharmacists, and their hospital pharmacy intern and technician colleagues working across Australia's hospitals and health system. SHPA is committed to facilitating the safe and effective use of medicines, which is the core business of pharmacists, especially in hospitals. This submission is provided on behalf of the SHPA NSW Branch.

SHPA was proud to have provided evidence to the Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales in 2020, bringing to light the longstanding gaps in rural and regional pharmacy workforce investment in rural and regional New South Wales compared to the rest of the country.

For example, in other jurisdictions such as Victoria, there are 100 Hospital Pharmacy intern positions funded by the state government, compared to only approximately 35 positions in NSW which do not have dedicated funding from NSW Health, and have been on a slow decline over the years. Similarly, data from the National Health Workforce Dataset and the Australian Institute of Health and Welfare demonstrates that despite NSW public hospitals having approximately 38% more inpatient beds than Victorian public hospitals, however there are 23% less hospital pharmacists in NSW compared to Victoria.

It is no surprise that according to the Productivity Commission, in 2017-2018, NSW hospital patients were 48% more likely to experience an adverse effect from medicines than Victorian hospital patients, and 29% more likely to experience an adverse effect from medicines than Queensland hospital patients.

SHPA therefore recommended then, and still does, that the NSW Government increases funding and Hospital Pharmacist positions in all regional NSW public hospitals to meet [staffing ratios in SHPA Standards of Practice for Clinical Pharmacy Services](#).

In responding to this inquiry into the implementation of Portfolio Committee No. 2's recommendations from three years ago, SHPA undertook a survey of our regional, rural and remote hospital pharmacist members working in NSW, comprised of senior pharmacy leaders and pharmacists in SHPA's Rural and Remote Health Specialty Practice Group. Responses were received from members across northern NSW, western NSW and northern NSW Local Health Districts.

### **Term of Reference A) any challenges or opportunities relating to the implementation of recommendations relating to workforce issues, workplace culture and funding for remote, rural and regional health services and programs AND Term of Reference B) staffing numbers, recruitment and retention, and related workforce management and planning issues**

When comparing current staffing and resourcing of their NSW hospital pharmacy departments today compared to three years ago, 50% of respondents stated *'my pharmacy department has less pharmacist resourcing compared to three years ago'* and another 40% said resourcing level had stayed the same with no improvement.

When asked about hospital pharmacy technicians, 30% of respondents stated *'my pharmacy department has less pharmacist technician resourcing compared to three years ago'* and 60% indicated there had been no change and no increase in investment.



**The Society of Hospital Pharmacists of Australia**

PO Box 1774 Collingwood Victoria 3066 Australia

(03) 9486 0177 | shpa.org.au | shpa@shpa.org.au | ABN: 54 004 553 806

It was also interesting to note that even for the hospitals where resourcing level had stayed the same, respondents reported that the workload, responsibilities and demands of their departments had increased.

Many SHPA members in NSW have remarked that their efforts were integral to the COVID-19 vaccine rollout in NSW, while also supporting the treatment of COVID-19 positive patients during the pandemic with intravenous and oral antivirals, as well as maintaining regular pharmacy services. However, with the lack of workforce investment, planning, recruitment and retention, issues of burnout are only increasing, with poor confidence that NSW pharmacy departments will have the same ability or capacity to support NSW in future major public health events.

SHPA members in these regional and rural NSW LHDs also reported an average staff vacancy rate of 25% across their public hospital pharmacy departments.

### **Term of Reference E) funding for agencies, programs and incentives (including Recommendations 1, 30), and any funding issues relating to the above recommendations**

SHPA NSW members recommend that dedicated funding is provided to NSW pharmacy departments to achieve staffing requirements according to the [Standards of Practice for Clinical Pharmacy Services](#). Since the inquiry in 2020, NSW Health has released the *NSW Regional Health Strategic Plan 2022-2032*, SHPA's [submission to its consultation can be found here](#) as its key messages remain highly relevant.

When SHPA NSW members were asked whether the *NSW Regional Health Strategic Plan 2022-2032* had been helpful or useful in their workforce planning for pharmacy departments, the overwhelming response was that *'This document has been good as a conversation starter but hard to action anything without specific investment and funding for our department.'*

Even when the managers in NSW public hospital pharmacy departments make collective and unanimous decisions that *"...workforce increases in pharmacy are agreed upon in principle by all, but then declined or denied once it gets to finance [department] or upper levels of reporting lines, exacerbated by [pharmacy] reporting lines being through nursing and medical streams..."*, which mean issues and concerns about unsafe pharmacy staffing levels are often not heard and dismissed. This leads to burnout in staff and feeling undervalued by their hospitals, and contribute to the high vacancy rates and turnovers experienced in NSW hospital pharmacy departments.

If you have any queries or would like to discuss our submission further, please do not hesitate to contact Jerry Yik, Head of Policy and Advocacy on [REDACTED]



**The Society of Hospital Pharmacists of Australia**

PO Box 1774 Collingwood Victoria 3066 Australia

(03) 9486 0177 | shpa.org.au | shpa@shpa.org.au | ABN: 54 004 553 806