

## **Inquiry into universal access to reproductive healthcare, Melbourne Hearing – 28 April 2023**

### **Questions on Notice from Senator Tammy Tyrrell for The Society of Hospital Pharmacists of Australia**

**1. Your submission says there's a limited Women's and Newborn Health pharmacist workforce in regional and remote areas. Can you speak about the situation in my home state of Tasmania?**

The Royal Hobart Hospital employs a Paediatric and Neonatology Pharmacist but does not currently have a Women's or Reproductive Health pharmacist to provide clinical pharmacy services. The maternity ward at Royal Hobart Hospital does not have a clinical pharmacy service attached to it.

Launceston General Hospital has a paediatric pharmacist and no Women's and Newborn Health pharmacist. Similarly in North West Tasmania, there are no Women's and Newborn Health pharmacists despite maternity services being provided through contractual arrangements at North West Private Hospital.

**2. Are Virtual Clinical Pharmacy Services available in Tasmania, and if not, why? Would this service be beneficial in Tasmania?**

Virtual Clinical Pharmacy Services (VCPS) is the New South Wales virtual pharmacy service introduced in two remote NSW local health districts (LHD). Virtual pharmacy services have been used in some parts of rural and remote Australia to address the gaps in clinical pharmacist medication reconciliation, management and review for inpatients.

Within Statewide Hospital Pharmacy in Tasmania, there is a Primary Health Clinical Pharmacy (PHCP) service in Tasmania which provides a virtual pharmacy service via audio communication to the District Hospitals within Tasmania, to approximately 130 inpatient beds. The PHCP service communicates largely with nursing staff at the District Hospital sites. Further developments to this service are hindered by current information technology infrastructure, and the lack of support at the district sites to utilise technology with the patients and be involved in multidisciplinary team care.

NSW has demonstrated how a virtual pharmacy service can benefit rural and remote areas in particular, and could be applied to other Australian jurisdictions such as Tasmania, similarly in rural areas. Implementation of NSW's virtual pharmacy service was able to overcome workforce challenges in these areas and supported reduced social contact requirements during the COVID-19 pandemic. Benefits also include equitable access for patients to pharmacy services across Western NSW and Far West LHDs as well as improving continuity of care by providing up to date medication information to prescribers and patients.

Western NSW LHD has recently undertaken a scalability study across eight of these rural and remote hospitals in NSW, to evaluate if virtual clinical pharmacy services are a feasible option in healthcare delivery and is expected to show a significant increase in best possible medication histories, medication reconciliation and detection of potential medication-related harms.<sup>1</sup> The study also demonstrated that over a nine-week period, 535 medication reviews were provided virtually, identifying 151 medication-related issues or recommendations.

It is important to note that this virtual pharmacy service was implemented in remote areas of NSW with none to little pharmacy services, so may not be directly applicable or suitable for areas where pharmacy services currently exist as is the case in Tasmania. Further, there are no areas of Tasmania that are as remote as the two LHDs as the ones in NSW where virtual pharmacy services were introduced. Patients should have the same access to clinical pharmacy services irrespective of geographical location and virtual pharmacy services could have a role in facilitating this.

SHPA would also like to reiterate that while virtual pharmacy services provide equity in access to clinical pharmacy services, they do not replace the benefits of face-to-face services, which are inadequately funded across Australia.

### **Further Questions on Notice from Senator Marielle Smith for The Society of Hospital Pharmacists of Australia**

#### **3. How do we ensure that any funding (provided from a Federal perspective) translates into improved numbers of specialist 'reproductive health' pharmacists?**

##### **Commonwealth hospital funding**

The Federal Government provides funding to hospitals via the National Health Reform Agreement using an Activity Based Funding system. This funding system needs to take into account the costs and investments needed to train a fit-for-purpose workforce, as well as the costs and investments required to support ongoing skills development and professional development as part of this funding.

The Independent Hospital and Aged Care Pricing Authority's Hospital Teaching, Training and Research Activities currently do not recognise sub-specialisations within pharmacy in the same way that that medical sub-specialties are recognised. This should be updated so that pharmacy's sub-specialisations are recognised by Independent Hospital and Aged Care Pricing Authority's Hospital Teaching, Training and Research Activities, to support recognition of Advanced Training Residencies in a variety of specialist pharmacist disciplines, including Women's and Newborn Health.

The current annual 6.5% cap in growth for Commonwealth hospital funding also has a role in the amount of funding contributed to state-run hospitals and demand and need for increased hospital funding generally exceeds this cap as evidenced by current issues with hospital capacity. SHPA believes removing this cap will improve hospital funding levels and support hospitals to be better placed to run Advanced Training Residency programs that can produce specialist reproductive health pharmacists under the Women's and Newborn Health Advanced Training Residency

Furthermore, pharmacy falls under the Commonwealth's definition of allied health, which SHPA believes should be updated such that pharmacy sits outside of other allied health disciplines, due to the significantly increased risk of mortality and morbidity in the event of pharmacy errors, compared with errors in other allied health disciplines.

##### **Post-graduate training**

SHPA has developed the Foundation Residency program and Advanced Training Residency program to support pharmacy workforce development, offering accredited pathways for speciality development. Australia-wide, there is currently only one Advanced Training Residency program in Women's and Newborn Health, which is offered at the Royal Women's Hospital in Melbourne. SHPA's Women's and Newborn Health Advanced Training Residency includes reproductive health in its curriculum.

A key step would be to expand the number of hospitals and sites across Australia accredited to provide this Advanced Training Residency in Women's and Newborn Health. Mentors are also required to support students through the program, requiring further investment in the pharmacy workforce.

This would require further funding for Advanced Training Residency programs, with the federal government allocating specific funding grants for Advanced Training Residency programs to develop specialist pharmacist skills. Such a federally-funded program could fund five Advanced Training Residencies in Women's and Newborn Health, with a national co-ordinated model facilitated by SHPA.

As mentioned above, removing the 6.5% cap on hospital funding growth can also assist with increasing resources for hospitals to support workforce development and training programs.



**4. In terms of the provision of this sort of support and of services in reproductive health, is there an issue here around the scope of practice for pharmacists, or are these sorts of services within the scope of practice but are just not being fully realised within the system?**

Reproductive healthcare is within the scope of practice of pharmacists, however as mentioned above, further training is required to perform the specialised role as reproductive health pharmacist in hospital settings. For pharmacists working in a hospital outside of Women's and Newborn Health settings, knowledge and understanding around appropriateness of medications in pregnancy and breastfeeding is part of everyday practice, not only for medicines information pharmacists but also hospital pharmacists working in other areas.

Patients admitted to hospitals for conditions other than those related to reproductive health may also be prescribed contraceptive medicines or suggested treatment options may affect fertility or have adverse outcomes in the case of an unplanned pregnancy. For example, mental health pharmacists may advise on appropriate contraceptive options for women prescribed sodium valproate, which could otherwise cause neural tube defects in a foetus, or recommend alternative treatments more in line with consumers choice and lifestyle.

Reproductive health issues are part of core pharmacy services, and are not to be the scope of a select group of specialists alone. Therefore, we need to ensure there is adequate training provided across undergraduate and postgraduate settings to ensure the pharmacy workforce has the basic understanding to provide basic reproductive health care.

Undergraduate pharmacy degrees cover aspects of reproductive health, equipping graduates with a basic understanding of reproductive health and counselling points allowing them to work in a setting where they may encounter reproductive health queries such as community pharmacy or in general medical inpatient settings.

However, the detail and depth of the content covered in the undergraduate programs can be further improved such that all pharmacy students will graduate with better baseline reproductive health knowledge than currently, which can support scope of practice development even further.

## References

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- <sup>1</sup> Allan, J., Nott, S., Chambers, B. et al.(2020). A stepped wedge trial of efficacy and scalability of a virtual clinical pharmacy service (VCPS) in rural and remote NSW health facilities. BMC Health Services Research 20, 373.  
<https://doi.org/10.1186/s12913-020-05229-y>

