

ACT Branch submission to ACT Government Budget 2025-2026 consultation

February 2025

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Introduction

Formerly known as the Society of Hospital Pharmacists of Australia (SHPA), Advanced Pharmacy Australia (AdPha) is the progressive voice of Australian pharmacists and technicians, built on 80 years of hospital innovation that puts people and patients first. AdPha supports all practitioners across hospitals, transitions of care, aged care and general practice clinics to realise their full potential. We are the peak body committed to forging stronger connections in health care by extending advanced pharmacy expertise from hospitals to everywhere medicines are used.

AdPha's ACT Branch Committee welcomes the opportunity to provide input into the ACT Government 2025–2026 Budget consultation. ACT Health is currently amid major transformations with expanding healthcare infrastructure and services to accommodate the increasing complexity and health needs of Canberrans. With the Canberra Hospital Expansion project now completed, AdPha welcomes the delivery of the new Emergency Department and the new and improved Intensive Care Unit with 147 spaces, a further 156 inpatient beds, and 22 operating theatres.¹ Additionally, the development of the new north side building at North Canberra Hospital, along with the associated expanded and enhanced clinical services available to Canberrans, is greatly welcomed.

The Hospital Pharmacy workforce in ACT has also had a significant focus on improving and maintaining staff culture and workforce under the strong leadership of the current Directors of Pharmacy, contributing to a positive growth in the hospital pharmacy workforce in recent years. ACT Health currently has 16 hospital pharmacists undertaking AdPha's Resident Training Program, with 24 pharmacists having completed it. This advanced training also contributed to pharmacists being credentialled to deliver Partnered Pharmacist Medication Charting (PPMC) services, and the implementation of Tech-Check-Tech, creating capacity in the workforce and delivery of skilled services.

With current and future drive for continued expansion in both health services and infrastructure in line with the strategic vision of the *ACT Health Services Plan 2022–2030*², it is crucial that appropriate investments are made to support the growth in the ACT Health workforce to continue the delivery of quality and timely health services to all Canberrans. Providing funding for workforce development is also essential in supporting staff wellbeing, which overall contributes to workforce sustainability.

The ACT Health workforce is currently at capacity and requires investment to meet the growing demands of healthcare in ACT. Of note, the opening of the new hospital, which sees a new emergency department and intensive care unit as well as a myriad of new clinical services, will continue to require adequate staffing to ensure safe clinical practice and minimise potential issues such as ambulance ramping and bed block. The medical workforce has also expressed keen interest for more hospital pharmacists to address capacity issues and to promote safe and timely medicines access in line with the principles of the *National Medicines Policy*³.

AdPha supports ongoing discussions aimed at allowing the ACT to become a signatory to the Pharmaceutical Reform Agreements (PRA), which would enable the utilisation of

Pharmaceutical Benefits Scheme (PBS) in hospitals. This would help ensure safer discharges and transitions of care, while also reducing the reliance on primary healthcare systems.

The sustainability of the hospital pharmacist workforce is critical to maintaining high-quality patient care, improving medication safety, and managing the increasing complexity of healthcare delivery in the ACT. AdPha's budget recommendations outline strategies to strengthen the hospital pharmacist workforce, addressing current challenges related to workforce shortages, education, training, and retention as well as ensuring accessibility to clinical pharmacy services for all Australians regardless of geographical location.

If you have any queries or would like to discuss our submission further, please contact Jerry Yik, Head of Policy and Advocacy at jyik@AdPha.au.

Recommendations

The following recommendations are made by AdPha's ACT Branch Committee, chaired by Carman Chan, to ensure the sustainability of the ACT Health workforce in delivering quality health services for Canberrans.

Recommendation 1

Increase recruitment of **clinical educator pharmacist** roles across ACT public hospitals to support the education and professional development of clinical pharmacists in all stages of their career, especially intern pharmacists and early-career pharmacists in Resident and Registrar Training Programs.

Recommendation 2

Provide ACT health service organisations with the resources and adequate staffing to provide **clinical pharmacy services** to every patient based on patient needs, including **7 days per week and for extended hours**, with a focus on models of care with best outcomes for optimising therapy and reducing medication related risks

Recommendation 3

Invest in the development of **pharmacy technician** sector-specific training and resources to support the growth and advancement of this underutilised workforce, which increases the capacity of the healthcare system, enabling more efficient care delivery and improved patient access to services

Recommendation 4

Become a signatory to the Pharmaceutical Reform Agreements enabling PBS in hospitals to support safer discharges and transitions of care and ease reliance on primary healthcare systems

Recommendation 1

Increase recruitment of clinical educator pharmacist roles across ACT public hospitals to support the education and professional development of clinical pharmacists in all stages of their career, especially intern pharmacists and early-career pharmacists in Resident and Registrar Training Programs.

Hospital pharmacists in early stages of their careers not only contribute significantly to the efficient functioning of hospital pharmacies and alleviating workload pressures but also serve as integral contributors to the development and fortification of the hospital pharmacist workforce pipeline in ACT. The practical experiences they acquire during their internships, residency or registrar training foster clinical and operational skills, as well as providing a unique opportunity for mentorship and knowledge transfer within the pharmacy team, fostering a culture of continuous learning and professional growth.

In considering investment into additional hospital pharmacy internship opportunities, the ACT Government should also fully fund the costs of pharmacist educator positions, similar to what is provided in other jurisdictions such as Victoria. Clinical educators are paramount in not only ensuring the success of hospital pharmacy interns throughout their internship year, but throughout further training and development through resident, registrar and more senior management positions. It is also important to recognise, further training and development delivered by clinical educator pharmacists may also be outside of structured training programs and more specific to individual training needs such as medication safety roles or management positions in key clinical areas.

It is imperative to acknowledge that the capacity of hospital pharmacy departments to employ more interns and to develop them to their full potential is directly tied to the appropriate resourcing of clinical educators. Without sufficient investment in these educators, the expansion of intern and further training and development programs becomes challenging, limiting the potential growth of the hospital pharmacist workforce.

Appropriate resourcing of clinical educators is key to ensuring the success of implementing structured, training programs and providing a pipeline of pharmacists through ACT health. However, the current lack of staff and resources in ACT hospitals pose challenges in successfully training and developing specialist pharmacists.

AdPha therefore recommends that funding for clinical educators can be outsourced from other jurisdictions to provide remote training and oversight, until ACT Health is able to build a pool of specialised pharmacists that can in turn train and educate the next cohort of resident pharmacists, creating a positive cycle of workforce retention and sustainability.

Recommendation 2

Provide ACT health service organisations with the resources and adequate staffing to provide clinical pharmacy services to every patient based on patient needs, including 7 days per week and for extended hours, with a focus on models of care with best outcomes for optimising therapy and reducing medication related risks

The ACT population is expected to grow on average by 1.4% a year from June 2021 to June 2060, equating to an increase of over 330,000 persons.⁴ In addition, this growth rate is expected to increase over the short-term until 2030. With this projected population growth, comes increased requirement for infrastructure such as the completed Canberra Hospital Expansion project and the current development of the new north side building at North Canberra Hospital.

Between 2023–2024, there were 9 million Emergency Department (ED) presentations across Australia, with ACT accounting for nearly over 150,000 of them. While this may seem relatively modest, compared to 2022–2023 data, ACT ED presentations have grown by over 7% – more than any other state or territory.⁵

It is estimated that of these presentations, there are 250,000 medication-related hospital admissions in Australia every year.⁶ This is reflective largely of the current shortfalls of primary care service delivery and highlights the significant overhaul required in how we deliver primary care and preventative care, as it can be assumed pharmacists have been involved in all the episodes of medicines supply preceding these medication-related hospital admissions.

Pharmacists have a key role in this area to promote medicines safety and quality medication management according to the four pillars of the National Medicines Policy³ (NMP). This role in ensuring medication safety continues throughout admission and at transitions of care. In 2009, the National Health and Hospitals Reform Commission final report found that an estimated 52–88% of transfer documents contain an error.⁷ The risks of transcription continue beyond the hospital as well with 60% of adverse drug events related to the incomplete or incorrect transfer of medication information during transitions of care to, within and from acute care settings.⁸

Clinical pharmacist roles and responsibilities include medicines reconciliation through conducting best possible medication histories (BPMH) as well as supporting medical staff and avoiding medicine omissions by charting medicines promptly through partnered pharmacist medication charting (PPMC). The PPMC model decreases the burden upon medical staff and clinical resourcing dedicated to medication charting and increases the throughput of patients since medications are already reviewed and accurately charted prior to admission and available to the admitting medical or surgical team. PPMC has been implemented with great success across Australian hospitals including within ACT hospitals. The PPMC service is highly valued and across Canberra Health Service with expansion only limited by resourcing.

These clinical pharmacy services are significantly reduced out of hours and weekends, potentially putting patients at increased risk of harm due medication-related issues.

Increasing out of hours clinical pharmacy services without first addressing current resourcing issues could deplete the services available during typical hours.

As detailed in AdPha's Clinical Pharmacy Standards⁹, the principles of comprehensive and accountable clinical pharmacy services are in line with and support the core principles that guide Australia's NMP³. These services are a vital part of modern healthcare. To realise these principles, AdPha's quality element 2.7 specifies that:

"Every health service organisation must have the resources to provide all clinical pharmacy services to every patient based on their needs, including availability 7 days a week and during extended hours."

Further, AdPha recommends investment into adequate staffing across ACT Health to meet the required clinical pharmacist to patient ratios as outlined in AdPha's Clinical Pharmacy Standards⁹. According to feedback from Directors of Pharmacy and as indicated in the Occupation Shortage List¹⁰, hospital pharmacists are currently in shortage across ACT. As construction for the new northside hospital begins, it is imperative that the ACT Government anticipates the ongoing access and increased need for adequately funded and extended clinical pharmacy services to reduce preventable hospital readmissions and optimise therapy for all Canberrans.

Recommendation 3

Invest in the development of pharmacy technician sector-specific training and resources to support the growth and advancement of this underutilised workforce, which increases the capacity of the healthcare system, enabling more efficient care delivery and improved patient access to services

Pharmacists working to their full scope of practice are instrumental in alleviating pressures on medical colleagues, while pharmacy technicians, through efficient medication management and clinical support, enable pharmacists and nurses to dedicate more time to direct patient care and other clinical activities. Pharmacists and pharmacy technicians working to their full scope not only improves patient outcomes but also enhances healthcare system efficiency.

This aligns with AdPha's [Pharmacy Forecast Australia 2023 report](#)¹¹, which recommends embedding non-dispensing pharmacists in primary care settings under Theme 1: Pharmacist and Technician Scope of Practice and Expanded Prescribing.

The Final Report from the *Unleashing the Potential of our Health Workforce – Scope of Practice Review*¹² further validates these approaches, highlighting the importance of removing barriers to full scope of practice and strengthening multidisciplinary care to meet current and future healthcare system needs.

ACT Health has embedded Pharmacy Accuracy Checking Technicians (PACT) for a number of years after successful trials, and with requisite investment in capacity and training, further efficiencies can be gained across ACT Health sites. Pharmacy technicians are also expanding their scope in other jurisdictions as clinical assistants, completing Best Possible Medication Histories (BPMH) for newly admitted patients, and Bedside Medication Management Supply to support efficient and safe non-impresmed medicines supply and free up capacity of clinical pharmacist resources. In the absence of Automated Dispensing Cabinets (ADC) utilisation across ACT Health, this can also support waste reduction through adequate medication stock control.

All these models have resulted in safer, and more efficient care for patients. These models can be utilised to expand the roles of pharmacy technicians in primary care settings, enabling them to support pharmacists and reduce bottlenecks in service delivery by taking on specialised tasks and freeing up pharmacists and nurses to priorities clinical tasks.

By enabling pharmacy technicians to take on more specialised roles, patients will experience shorter wait times and more efficient service delivery. This improvement is especially critical in primary care and aged care settings, where timely access to medications can significantly impact health outcomes.

AdPha is leading the development of Australia's first [Australasian Competency Standards Framework for Pharmacy Technicians](#), providing a structured pathway to recognise and enhance their specialised skills. This initiative will support pharmacy technician-led dispensing and medication supply functions, building healthcare system capacity and

efficiency.

As pharmacists expand their role to alleviate healthcare system strain and pressures medical colleagues, pharmacy technicians must also be supported to evolve their practice.

The [Australian and New Zealand College of Advanced Pharmacy \(ANZCAP\)](#) recognises these specialty skills and experience of pharmacy practitioners across Australia and New Zealand. ANZCAP supports pharmacists and technicians to track and plan their career, enabling professional achievements to be clearly and concisely understood by employers and peers, healthcare colleagues and patients receiving care.

In addition to developing the Pharmacy Technicians Competency Standards, AdPha has designed ANZCAP recognition of pharmacy technician career progression and speciality skills, formed a Technician and Assistants Speciality Practice Group with over 200 active members, and developed a *Standard of Practice for Pharmacy Technicians to support Clinical Pharmacy Services*¹³, setting the benchmark for the profession across all sectors.

Providing clear career progression pathways and professional recognition through competency standards and specialty training increases job satisfaction. A motivated and skilled technician workforce is more likely to remain in the profession, reducing turnover and building long-term system sustainability.

AdPha therefore recommends that investing in the development of this critical workforce will expand ACT Health's capacity, improve service delivery, and ensure pharmacy technicians are equipped to meet the demands of an evolving healthcare landscape.

Recommendation 4

Become a signatory to the Pharmaceutical Reform Agreements enabling PBS in hospitals to support safer discharges and transitions of care and ease reliance on primary healthcare systems

To meet the principle of equity for consumers and in aligning with the key recommendations of the recently released *Pharmaceutical Reform Agreement Review Report*¹⁴, AdPha recommends that the Commonwealth should make the PRAs a uniform policy in Australia and enter into a PRA with ACT. This would ensure a consistent standard of care for vulnerable patients who have just had a major health event requiring hospitalisation and reduces the need for individuals to immediately seek an appointment with their general practitioner on discharge from hospital to continue receiving vital medicines.

AdPha acknowledges that the ACT Government has previously approached the Commonwealth in the last two years to enter into a PRA, which would support a key pharmacy action under the *ACT Health Services Plan 2022-2030*². PRAs in other jurisdictions have worked to achieve 'Ongoing access to medicines', Guiding Principle 10 of the *Guiding Principles to Achieve Continuity in Medication Management*¹⁵ published in 2022. The PRAs have supported the continuity of care for patients discharging from hospital back into the community by allowing for patients to be supplied the standard Pharmaceutical Benefits Scheme (PBS) quantity of one-months' supply of discharge medicines, as opposed to 3-7 days' worth of medicines, and eliminating the need for them to make an urgent appointment to see their local GP for medicines post-discharge whilst there is a GP shortage, an inability to seek immediate appointments and many GP practices reporting closing their books to new patients.

In recent years, to support safer transitions of care and adequate quantities of discharge medicines, ACT Health services have made the decision to supply up to 30 days' of discharge medicines. However, without a PRA in place, ACT Health is at an unfair financial disadvantage compared to the six other jurisdictions with a PRA, as they are providing the same level of medicines supply and service, but without PBS subsidy. This additional financial cost invariably can come at an opportunity cost to other quality pharmacy service and workforce opportunities, including those outlined in this Budget submission, despite providing PBS quantities of medication at discharge to patients similar to other PRA states, the ACT is at a disadvantage by not receiving the PBS subsidy.

Furthermore, without a bilateral PRA, public hospitals in the ACT are unable to issue PBS prescriptions for patients to take to community pharmacies if they wish to post-discharge, limiting patient choice and autonomy in their care. Although ACT Health has continually made efforts to improve access to medicines for patients, ongoing access issues continue to disadvantage both patients and the hospital.

The expansion of PBS into public hospitals has allowed more Hospital Pharmacists to be employed and provide clinical pharmacy activities to patients, as well as allow investment into specialised pharmacy services, such as pharmacists specialising in oncology, paediatrics, emergency medicine and geriatric medicine. These services are

necessary to safeguard and maximise the federal government's investment into new PBS medicines that treat complex conditions.

Equitable access to healthcare is one of the key principals of the *National Medicines Policy*³. Truly equitable healthcare cannot be achieved without established PRA arrangements in all states and territories in Australia. AdPha therefore, strongly recommends that the Commonwealth should make the PRAs a uniform policy in Australia and establish PRA with ACT, ensuring a consistent standard of care for vulnerable patients, and alleviating pressure on the primary care sector in the immediate post-discharge period.

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